

THE OHIO STATE UNIVERSITY  
OFFICIAL PROCEEDINGS OF THE  
ONE THOUSAND FOUR HUNDRED AND FIFTY-SEVENTH  
MEETING OF THE BOARD OF TRUSTEES

Columbus, Ohio, April 7 & 8, 2011

The Board of Trustees met Thursday, April 7, and Friday, April 8, 2011, at Longaberger Alumni House, Columbus, Ohio, pursuant to adjournment.

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Minutes of the last meeting were approved.

The Chairman, Mr. Wexner, called the meeting of the Board of Trustees to order on Thursday, April 7, 2011, at 9:10 am.

Present: Leslie H. Wexner, Chairman, Douglas G. Borrer, Walden W. O'Dell, Alex Shumate, Brian K. Hicks, Robert H. Schottenstein, Alan W. Brass, Ronald A. Ratner, Algenon L. Marbley, Linda S. Kass, William G. Jurgensen, Janet B. Reid, Jeffrey Wadsworth, Clark C. Kellogg, G. Gilbert Cloyd, Alexis L. Swain and Brandon N. Mitchell.

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Mr. Wexner:

Good morning. I would like to convene the meeting of the Board of Trustees. The full Board will reconvene tomorrow morning at 9:00 am.

I hereby move that the Board recess into Executive Session to consider personnel matters regarding employment, compensation and discipline and to discuss matters required to be kept confidential by State Statute.

Upon motion of Judge Marbley, seconded by Ms. Kass, the Board of Trustees adopted the foregoing motion by unanimous roll call vote, cast by Trustees Wexner, Borrer, O'Dell, Shumate, Hicks, Schottenstein, Brass, Ratner, Marbley, Kass, Jurgensen, Reid, Wadsworth and Kellogg.

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The Chairman, Mr. Wexner, called the meeting of the Board of Trustees to order on Friday, April 8, 2011, at 9:15 am.

Present: Leslie H. Wexner, Chairman, Douglas G. Borrer, Walden W. O'Dell, Alex Shumate, Brian K. Hicks, Robert H. Schottenstein, Alan W. Brass, Ronald A. Ratner, Algenon L. Marbley, Linda S. Kass, William G. Jurgensen, Jeffrey Wadsworth, Clark C. Kellogg, G. Gilbert Cloyd, Alexis L. Swain and Brandon N. Mitchell.

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Mr. Wexner:

Try to keep our cell phones turned off. We are very concerned about electronic interference. The minutes of the February Board meeting have been distributed to all members of the Board. If there are no additions or corrections I would ask that the minutes be approved as distributed.

Where is my friend, Brandon? Would you handle the Student Recognition Awards? Thank you.

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### **STUDENT RECOGNITION AWARDS**

Mr. Mitchell:

Our first recipient is Samantha Boch from the College of Nursing.

Samantha is a first-generation college student from Bremen, Ohio. In the four years that she has been at Ohio State she has taken advantage of a multitude of opportunities to travel, serve, learn, and connect with people.

As a dual degree student in nursing and women's, gender and sexuality studies, her career interest include serving the health care needs of disadvantaged women and girls in underserved areas as a women's health nurse practitioner. Through five Buck-I-Serve trips, she has worked with non-profits in New York City and Nepal; Habitat for Humanity in Mississippi and Florida; and flood victims in Iowa.

Through her participation in honors and scholars programs, she facilitates "Girls' Circles" in Columbus for inner-city middle school children to promote self-esteem and teamwork. The OSU honors community has benefited from her involvement on the Honors Advisory Board, the Romophos Sophomore Honorary, Health Science Scholars Leadership Council, Sigma Theta Tau International Nursing Society and SPHINX Senior Class Honorary. Samantha's honors thesis in the College of Nursing is "Faculty and Nursing Students' Knowledge, Attitudes and Behaviors about Lesbian, Gay, Bisexual, and Transgender People."

Since coming to Ohio State, Samantha has been a resident in the Alumnae Scholarship Housing Program in which she shares in all planning, management, and decision-making. This past year, she was selected as their attendee for Ohio State's Homecoming Court. Samantha is a Buck-I-Serve student director and serves as a student nurse associate at the Ohio State University Medical Center.

After graduation, Samantha plans to become a travel nurse for a few years and then to eventually become a Women's Health Nurse Practitioner that works with the underprivileged population and advocates for social change.

Our second award recipient is James Riley Cruttenden, and he is from the College of Arts and Humanities.

Riley is a Columbus native, he graduated from Upper Arlington High School.

Riley is an art student in sculpture planning to graduate this spring with a Bachelor of Fine Arts with honors. He has served on the Curriculum and Honors Committees for the Arts and the Dean's Student Advisory Group for two years. He is a two-time winner of the Fergus Memorial Scholarship. He has been a curator for Fabrication Notion, which is a lecture and demonstration series and a co-founder of the Denny Hall Humanities Art Gallery.

Riley is particularly recognized for his willingness to help, his enthusiasm for his school work, his ability to foster good communication between student and administrative perspectives, and his overall personality led Dean Shanda to simply state "Riley Cruttenden is truly a joy to know and work with."

Riley is pursuing a studio-based research project for his honors degree, and curated *Tisket TASKet*, an event with artist Oliver Herring. After graduation, he is participating in a month-long, architectural study abroad program led by Professor Jacqueline Gargus. After that program he plans on seeking professional internships in contemporary art museums around the nation and continuing his studio-art practice before applying to graduate programs in sculpture.

Ms. Samantha Boch:

Thank you. I would first like to thank the Board for recognizing me for this award today, but I would also like to extend thanks to Dean Lenz and Dr. Linda Bernhard who came from the College of Nursing today to support me. I would also like to thank my Aunt Peggy, my dad and my twin brother who are also here today. I have been very fortunate and lucky to have the support that I do throughout college and throughout my life, and I am very fortunate to be here. Thank you.

Mr. Riley Cruttenden:

I would also like to thank the Board and Sebastian Knowles who is here to support me as well as my mother Linda, and our great family friend Lori Smith. I wanted to share something that I probably should not with the members of the Board. That is the fact that I did not want to come to Ohio State. It was no fault of your own. I grew up three miles west of this building in Upper Arlington, and I really wanted to spread my wings. I wanted to get a taste of something different, someplace new. I ended up coming here, and it was the best decision of my life. I have had incredible opportunities, amazing professors, and just met the most wonderful friends that anyone could ask for, and they are friends that are going to stay with me for life.

So thank you so much for making sure that there are incredible doors waiting for me to open when I got here. I think that the rewards and the returns on investments as well as the arts and culture activities are much harder to quantify as they are harder to see, but they are so important. Please make sure that those doors continue to be waiting for other students when they get here. Thank you very much.

Mr. Kellogg:

What led you, as opposed to spreading your wings and going elsewhere, was that somebody or something, or a combination of factors?

Mr. Cruttenden:

To be honest, I was actually going to go to Rutgers University; I enrolled in classes and I was signing my loan agreements, and I had this moment of terror. I had never signed my name loaning out \$16,000 for one year, and I knew that would not even cover all the expenses, so I applied to Ohio State just to be sure. It started with that and it turned out to be so much more.

Mr. Wexner:

Clark, I think your question about what brings a student here, and James' response, reminds us all of the fundamentals and the mission of a land grant and how important it is. For that same value proposition and maybe coincidence of location, I would not have gone here. It always resounds in a positive way with me when you see those patterns repeating and the quality of education that is attainable, and I can attest that it is possible, that Ohio State will make a positive influence on your life. Congratulations.

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## **PRESIDENT'S REPORT**

Dr. E. Gordon Gee:

Thank you very much. First of all congratulations to our students and Brandon, thank you very much, we really appreciate that.

Well there is much to report since we met several months ago. A few days after our last Board meeting we announced the transformative gift of \$100 million from Les and Abigail Wexner and the Limited Brands Foundation. Now that is a staggering amount of money, I want you to know, and I have already spent it. I want you to know that it is an unprecedented investment in the University, and one of the nice things about this investment is the fact that it is generating a lot of other investment in the institution of which Dr. Sorensen will tell you about. I am going to return to the impact of that gift a little bit later.

This is always the time in which we celebrate the great work of our Trustees, present and those who have accomplished a great deal on behalf of the University. Our outgoing Trustees have contributed in numerous ways. Doug Borror, my friend who sits right next to me, who always wears Ohio State. The thing I love about Doug is that not only does he have great ties, but he has the most incredible Ohio State socks. I do not know where you get those Doug, or if you knit those, but we all know that Doug has been a tenacious supporter of this University in so many different ways, but today what we want to celebrate is the fact that Doug has been the most outspoken advocate for students that we could possibly imagine. Doug, your good work is evidence by the students that are here today and by those 65,000 who are out there generously grateful for what you have done.

Speaking of our students, of course Alex Swain, who by any measure is an average student, but not an average student, she is the most remarkable human being that you could possibly imagine, represents herself, her family, but the enthusiasm that she has for this University, and maturity for which she has engaged on this Board is something that I think we all take great pride in, so Alex, you will be leaving the Board, but you will not be leaving our hearts and our minds, as well not Doug. So would you please give both of these people a great round of applause?

And well deserved indeed, as we all know, I also want to congratulate Mr. Wexner on his reappointment to the Board by Governor Kasich. We all continue to look forward to working with him and his strong, strong leadership.

Another remarkable milestone is the sending off of 2,120 new alumni with a powerful commencement address by Donna James. The crowd, one of my favorite moments always, is the crowd of families and friends in the Schott, and this year they seemed especially large and especially happy so that made the day very special.

Among the graduates was Jantel Lavender, the first and only four-time Big Ten Player of the Year, and I can tell you from personal experience, she is a very strong woman. She came across the stage, lifted me up in the air, and I nearly was not able to finish the commencement ceremony. What a fabulous person. The reason I am making this point is that, as Clark well knows, our winter commencement coincides with the national tournament, and there is this wonderful picture that is on the national stage. Our four senior players on our basketball team, right before they played in their game in Cleveland, they had a wonderful shot of them which went out on the national media, all with their caps on, ready to play basketball, but all of them graduated and did a wonderful job that day. I think that is very special. I, of course, want to congratulate both of our teams and our coaches for the great work that they did on behalf of the University.

During the past several weeks I have been traveling around the state and across the country, preaching, as I say, the gospel of Ohio State. I visited alumni and families and friends in Arizona, Colorado, Florida, Washington D.C., New York City, and Boston. Closer to home I continue to travel the state, starting my county tours; I was in Mansfield and Lima to see both of our campuses there.

The University spirit obviously is found in great supply from the residence halls at our smaller campuses literally to the halls of Congress. On our Columbus campus we celebrated the first birthday of our Student Union and in typical style for our Student Union there was a giant group hug around the exterior of the building with balloons and cupcakes for all. It was very special.

On the academic and administrative side we have made two substantial new appointments. The first is that of David Williams, who will join us this month as the new dean of the College of Engineering. Dr. Williams served as president of the University of Alabama at Huntsville. He also has an extremely strong record of teaching and research and has developed numerous long-standing public-private partnerships.

I also, at this time, acknowledge the outstanding work of Greg Washington who served so capably as our interim dean and moved the College forward in many important ways.

At a press conference, with Governor Kasich, at our Medical Center a couple of weeks ago, we simultaneously celebrated the innovation of our faculty and announced the University's new Vice President for Technology Commercialization, Brian Cummings, who led the University of Utah to the top spot in the nation in terms of technology commercialization. He will join us on June 1.

At that press conference, Governor Kasich also emphasized the need for our public universities to be less encumbered by state regulation. The entrepreneur university, as we are now calling them, and he made a very strong case, of which we are now making that case with our colleagues in the legislature, and they are receiving that message very clearly and enthusiastically I might also note.

I want to note also that the governor's proposal released last month does reduce our funding by a relatively modest amount. That is good news, particularly when compared with other states around the country. As we take a look out there, there is no doubt that bipartisan and continued strong support for education in the state is in great abundance, and we are very grateful for that.

Now as I wind down, I will admit here, among friends, that also during the past few weeks I hosted a group of students at the Lady Gaga concert. It was one of those experiences that is quite difficult to describe. I am not certain if you have ever been to one of these concerts but being lectured to on morality and self-expression by a 24 year old woman in a see-through dress is surely memorable. I will just leave it at that.

Finally, in closing, I would like to return to my opening comments about the truly remarkable gift from the Wexners. It has already, as I said, inspired many of our alumni and friends around the world. Many have supplied their own responses on our website to the chairman's prompt of "But for Ohio State. . ." that has become a battle cry for us. We now have thousands of interesting stories. What we have done, Les, is we have collected some of the most

moving of them and combined them with photographs from the announcement event with students. It is my great pleasure Les, on behalf of our alumni and friends of this University, all who cherish your leadership, and the Ohioans and others from around the world who will benefit from this magnificent gift, a small leather bound copy of just a few of the letters and a few of the members of that day for you and your family. Please accept this with our gratitude. That is my report. Thank you.

Mr. Wexner:

I think we can move forward now with our Committee reports and I would like to ask Gil Cloyd to report for Agricultural Affairs.

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## COMMITTEE REPORTS

Dr. Cloyd:

Thank you, Mr. Chairman.

The Agricultural Affairs Committee met on Thursday. Participating in our meeting was our new director of the Ohio Department of Agriculture, Jim Zehringer. We are very happy to have his participation. On the agenda, the first thing we did was have an update on the recovery from the tornado on the Wooster campus and really there has been marvelous progress there. One of the things that became very evident as it was reviewed was the wonderful cooperation in the local public fire safety personnel, as well as The Ohio State University personnel, and through the recovery people kept coming back to the theme of the strength of One University. Our facilities group has just done a great job - the insurance group. A lot of work is being done so that there has been really excellent progress in recovery of the campus. The other thing that was emphasized and is going to be a learning opportunity for further detail is really the disaster plan that was in place, and it was noted that often times when we, and this is a big collective we, when we are involved in our really busy work and our important work, and we have to go through various drills, disaster drills, or things like that, how it can seem like a nuisance, but they had done that and just how critical that was to the very positive and rapid recovery that occurred up there in Wooster in talking about having the command center with all the key local groups in place within two hours after the tornado impact on the campus - so it is some good learning for us and really the importance of having these disaster plans and the right kinds of drills and moving forward.

Overall, in terms of full recovery, the costs are still not fully identified. It looks like the facilities themselves, it will be about \$20 million in damage on the facilities and the estimate right now would be a \$30 million overall cost when we include clean-up and other things that are engaged there. Progress is, I would say, positive at this point as we look to the insurance interactions as well as to the other granting agencies. I think that we are fairly positive right now in terms of what would be the impact in the financial context from this. Obviously we are going to have some lost research time which is difficult, and one of the things that again the University has done a nice job has been helping the faculty and a lot of the graduate students as they deal with a lot of uncertainty right now about their future research programs. But in response to, you know, just a horrible tragedy with the tornado that hit up there, there has been a really excellent response. Fortunately, I think you know that is where we are putting the P3, the containment facility for animal and plant bio hazardous material. That building was missed, and we asked the question

though, what if it was fully operational since it has bio hazardous materials? What if it got hit by a tornado? It was gratifying to know that the thing that has been actually constructed to withstand that kind of a tornado, and even if it would have taken a direct hit, there would have been no problem with any release of any pathogenic agents that you would not want coming out of the facility.

We then had a review by Dean Lonnie King of the Health Science cluster and opportunities of the University and the interaction with the Agricultural Department. We have a relative unique situation here, and we are only one of four campuses in the nation that has the cluster of the Health Science Colleges that we have here at Ohio State, with an Agricultural and Environmental Science College. When we reviewed some of the various kinds of major pressing problems facing the world, the opportunity for trans-college interaction in research on important societal problems is really key. Just a couple of facts: we have a lot of joint work going on with the food safety and the food security area. I was dumbfounded to the fact that there are fifty-five million cases of food borne illness in the United States each year, and obviously when we think about what happens in a global context, the whole subject of food safety and how do you ensure food safety is a major item in front of us and the collaboration is good.

In another area, just figuring out how are we going to feed the world's population. We are between six and seven billion today. Best estimates say that by 2050 we are going to be above nine billion people on the planet and key to being able to feed people and maintain the health of people is going to be something that can really benefit from research, not only from the food agricultural area but also as it works with the health care institutes. As you know, Dr. King is basically an epidemiologist extraordinaire and he talked about the issues you face today when you have the interactions of almost seven billion people with 30 billion animals, and he noted that in recent times of new diseases that we have had 70% of them have emerged from animals into man. So again, the opportunity for collaborative research to address important societal needs exists here.

And then, he talked some about the opportunity we are seeing as we move forward in the genomic research areas, in the health science area, and a focus to personalize medicine; how we can actually help personalize nutritional approaches for people so that they can benefit in a health context and a lot of that is being done now in the cancer research area but moving beyond even as we think about tomatoes rich in lycopene, you know, so that you can benefit of not having prostate cancer but across a whole broad front of getting a better understanding of the genomic and the metabolic issues that different people face; how can you tailor nutrition to maintain health; it's another rich area for research opportunities.

We then talked a little bit about the budget impacts, and both in our extension service and our agricultural research, they will see decreases in this next year and 10% have been flat after that. Dean Moser said that you know these things are going to be painful, but at this point in time I believe they feel they have got the programs in place, the plans in place, that they will be able to address that aspect.

We then concluded with a very interesting update on our Food Innovations Center from Dr. Lee, and he talked about the second green revolution and of course this in part deals with how we are going to feed all these people that I mentioned a moment ago. This kind of population increase, and clearly the innovation in the food area, has been a key that has allowed the world to grow



as it has to date and still feed a lot of people. An interesting figure that the director offered us was that if we looked at what agriculture research has done here in the United States over the last couple of decades, we have moved from a situation where at one point in time the food budget of the household was 20 percent of the household expenditures. It is now ten percent of the household expenditures, and it was an interesting way to think about the positive impact of nutritional innovation that I had not thought about previously.

Again, in the Food Innovation Center, we are leveraging the breadth of the intellectual capital at Ohio State. There are 80 faculty and 12 colleges involved. Right at this point in time, a little over \$16 million in research investment in that area, and I will not really go through all of the programs that Dr. Lee gave us a headline on, but I was very encouraged that coming back to the kinds of problems that Dean King had outlined there is research directed in all of those areas. I was also very happy to see how we are not only helping society here; we are really helping in the economic recovery here in Ohio. We mentioned two pieces of research coming out of the Food Innovation Center. One is a novel approach on how we can really prevent salmonella transmission in eggs, and it is a secret manufacturing process that the university is getting patented technology, and Dr. Lee could not tell us exactly what it was yet so I am going to be very anxious to see what it is when it comes out in the future. But the point is, by still within a years' time frame, we can think of this in a commercializeable context, but it will be not only again the dual thing we like to see of helping society, because it is a way to help address the food borne illnesses that come from salmonella contamination in eggs, as well as stimulating economic development in Ohio with the new businesses that will be created and this new way to actually, it is probably a wrong term, but I will say pasteurize the eggs so that the salmonella is not there. And the other invention that has come out of Ohio State is from a heart health standpoint, how can you enhance the soy ingestion. Now when I lived in Asia, soy is everywhere, you know, but the American is never just totally taken to soy as some other cultures have. But we have developed a way that we can have enhanced soy addition in good tasting bread that is Ohio State technology and now this is now on the market and again creating commercial opportunities not only in terms of returns that the University can have but also importantly jobs creation here in Ohio. Now I have promised this to Blake Thompson, but if you would like a slice of this maybe Blake will give you some after the meeting. And that concludes my report.

Dr. Gee:

First of all, thanks for that report. I think that there are a couple things that I have to say, one is the fact that we are very fortunate to have Dr. King here who, I think, is just a remarkable leader. He is the world's expert, I have to say this, and I think that some of the board knows this, something called, I'm probably murdering the name, zoonotic, which is the transference of disease from animals to humans and as you can imagine that is an issue of immense importance and the fact that he is here doing this great work.

The second thing, you talk about the green revolution, Ohio State is not late to this game. As you know, this is one of our areas of significant opportunity in terms of food and food production. We think we can lead the world in that regard, but we were really early on that regard. The green revolution, which they speak of in India and which India finally has been able to feed itself, and Dr. Moser is here, but much of it was propelled by Ohio State work, and in fact, one of our great silent heroes here on this campus is a guy by the name of Rattan Lal. He received the Swaminathan Award just two years ago, one of the two most important food prizes in the world because of the fact that he was

one of the leaders in the green revolution, came from the Punjabi, was educated at the Punjabi Agricultural University which is really a university that Ohio State helped to establish and is one of the leading agricultural research centers in the world now and then came to Ohio State and remained with us but was always very concerned about the world, about India, which now has 1.2 billion, growing to 2 billion people by about 2025. So think about the impact of the University.

The third thing I have to say, you know, when I travel, I always remember my first term here when I would go and see food processing plants. The Ohio State tomato, which we developed here, is one of the reasons we have one of the largest set of food processing plants in the world, in this Heinz, all the ketchup, it is all due to us. I think it's important for us to emphasize and celebrate that in today's world, and I really appreciate your point and your conversation about that, Gil.

Mr. Wexner:

Questions, comments?

Gil, you know, I think for all of us, the notion of economic development and application of science tech transfers is very much on our minds, and obviously I think about it, and you and I talk about it, and Gordon and I talk about it, and I am just listening to it and something just occurred to me and it is kind of an epiphany, but I am trying to stimulate more thinking. We have a significant relationship in Africa with a small country, Burkina Faso, and we are very interested in growing cotton, we are very interested in improving their education, and one of the things we are very interested in, and we have made some contribution in terms of fresh water and safe water, clean water, and our business doesn't know much about how to dig a water well, or whether they are good ones or bad ones, but we have relationships very high with the prime minister, and we are investing in people from our enterprise. I think the significance in telling the stories, it never occurred to me that all of these things connect to Ohio State, whether it is water, food, technology, growing cotton, spinning cotton, and other things that we do, and what I am trying to do is use myself as kind of the example. I think all of us touch things that touch the University, and I think it's just sometimes we forget, at least I have, and it never occurred to me to make the connection until I was listening to you about the research and the development, and we can talk offline, but I hope that stimulates other people to things and people they know, business that connect to the University, applications of research, and students. It never occurred to me to ask myself if we have students here from that country. Just practical things.

Dr. Gee:

We certainly do. We have students from 150 countries here.

Dr. Cloyd:

Your comment is well made, Mr. Chairman. As Ohio State has a global impact and a positive societal impact globally, I think it is very fair to say the impact we are going to have in helping to feed and provide proper nutrition to the people of the world is going to be one of the most significant things that this University will continue to do. Because, I mean, to be to start this is a personal thing, it's kind of a statistical thing if someone says "oh yea, we are somewhere north of six billion in population today and by 2050, you know, we are going to be ten billion or more", and you kind of sit there and think about it,

and it is a number, but then when you really start to internalize that, what does it mean? How are all these people going to be fed? Where's their water going to come from? How are we going to keep proper nutrition for people in the world? These are things that, within the lifetime of a lot of people in this room, is going to be a very, very significant issue that needs to be faced, and I am very glad that we have Dean Moser and all of the health science college units here really thinking about and doing the kinds of work that is going to address that otherwise catastrophic problem that the world is going to face.

Dr. Gee:

And that's an area in which, as we talked about strategically, that we want to find discriminating areas, distortions if you will, in which we can lead. This is an area, in which we, in many ways, do lead the world, and it is accelerating, and it is a significant problem. Just so they continue a way to make diet Dr. Pepper, I am fine about that. Ok good, thank you.

Dr. Cloyd:

Plano, Texas is in good hands.

Mr. Wexner:

Any other questions, comments?

Alex, do you want to report on the Committee of Trusteeship, please?

Mr. Shumate:

Thank you, Mr. Chairman.

We have one action item that I would like to propose. As you know, the Committee on Trusteeship is charged with recommending officers for election to the full Board. Normally we would be making these recommendations at this particular meeting; however, our Committee is recommending that the process for the election of officers, which will be conducted in its normal fashion, be moved to the next meeting of the Board of Trustees, and I would like to make that in the form of a motion.

Mr. Wexner:

Thank you. A motion has been made.

Thank you. The motion has been made. Discussion? Questions? Comment?

Dr. David Frantz:

Yay or nay vote. We do not need to do roll call. So all in favor? Opposed? Motion carries Mr. Chairman.

Mr. Wexner:

Yes, good. Bob Schottenstein, Audit and Compliance Committee Report.

Mr. Schottenstein:

Thank you, Mr. Chairman. The Audit and Compliance Committee met yesterday at 12:30 pm, and we had one item for action, that item appears as

item 17 on the consent agenda. It is a matter that also came up and will be discussed, I suspect, by Mr. Brass at the Medical Affairs Committee. It is a resolution for the approval of the Faculty Group Practice which is a number of years in the making. The matter had been presented to our Committee a number of times as well as to the Medical Affairs Committee, and the purpose of its presentation yesterday was to take final vote, and the Audit and Compliance Committee unanimously recommended that the Faculty Group Practice be set up and other than that, I have no other items to report today.

Mr. Wexner:

Any questions? Comments? Bob, thank you. We will go back to Gil again for the Advancement Committee.

Dr. Cloyd:

Chairman, the Advancement Committee met yesterday and received several important updates and discussed two items that are on our consent agenda. First, Dr. Sorenson led a review of our advancement strategy update. The Committee had previously agreed to the goals for our advancement model in the broad areas of financial awareness and engagement and these eight overall goals or objectives, in which we have previously reported to the Board, are all interrelated and well aligned with the University's overall strategy. So the advancement team then has developed 11 strategic approaches or initiatives to deliver against these eight objectives, and I am going to outline the 11; 1) increase the value share with our leadership gifts, 2) expand major gifts' capacity, 3) integrate the corporate foundation in research relations, 4) build a pipeline of planned gifts, 5) cultivate a strong annual giving culture, 6) transform the alumni membership and services model, 7) establish an office of volunteer relations, 8) align outreach efforts in top regional markets outside of Ohio, 9) implement an effective marketing campaign, 10) craft a personal approach to all Ohioans, and 11) shape a disciplined messaging process.

Now the team that has been working the advancement model overall has developed metrics for each of these strategic initiatives, and there was a good discussion on the approach the advancement team has developed, and the committee supported these strategic initiatives as the right ones. We agreed we are going to dedicate most of our June meeting to coming back and doing a deeper dive on the overall marketing approach that we are going to have, because besides being listed as a specific strategy, I think you can understand it covers an awful lot of what we want to achieve in the advancement area. And, the advancement model now is allowing us to do this for the first time in a really integrated way across all of the various ways that we reach the stake holders of Ohio State.

The Committee then reviewed a proposal for the University to proceed with plans for a comprehensive fundraising campaign. Now since January 1, 2009, Ohio State has been in a planning phase for a comprehensive fundraising campaign. The working goal for this campaign is \$2.5 billion and the timeline is January 1, 2009 through June 30, 2016. Now during the planning phase, the University has completed a number of very important activities and to name a few of these: 1) recruitment of a volunteer leadership and campaign steering committee, 2) approved counting guidelines, 3) tested a preliminary university case statement, 4) completed a comprehensive stewardship project, which I really have to thank Dr. Gee for expending vast amounts of his time in really important interactions with stake holders of Ohio State locally and outside of the state, 5) started leadership gift conversations, 6) we conducted a feasibility study, 7) conducted an extensive benchmarking for goal setting

and learning, and 8) established key indicators for a public launch. Now all of the University fundraising units have developed their campaign working goals, and the University has developed a comprehensive strategic and resourcing plan to deliver the campaign. This was all assessed as being positive both from a sufficiency and a robustness standpoint.

Now with the recommendation of the campaign steering committee on February 7, 2011, and the Foundation Board of Directors on March 4, 2011, we have received the recommendation for the University to transition from the planning phase to the quiet phase of the campaign and the Advancement Committee is recommending that to the full Board today for approval as a part of our consent agenda.

I would say that the key will be then as we move from the planning phase to the quiet phase with this. We will hope to raise, before we get to the public phase, 40% to 50% of our total working goal, and we are projecting that this would occur by fall 2012. So if we enter, now move from the planning to the quiet phase, we would anticipate that the work would be done that we want before the public phase by 2012. I really would like to thank Dr. Sorenson, his entire staff for really some tremendous work that has been done to develop this strategic approach, and I would really like to give special thanks to Brian Hastings. He has just been an outstanding collaborator and leader to work with on this over the last 18 months or so, but I think it is an excellent plan.

The Committee then reviewed the University development report as it was presented by Dr. Sorenson, and as of February 28, of this year, total fundraising activity for this year is \$296 million. Now this includes the very generous gift from you, Chairman Wexner, Abigail, and the Limited Brands, and let me offer my personal thank you in a public realm for this extraordinary gift. But when we exclude this very, very special gift, we also are making very positive progress in our development efforts, and when we look at total fundraising activity, excluding this marvelous gift, we are 21% ahead of where we were a year ago at this time and in an environment which is obviously still a challenging environment out there. I am especially pleased to report the Students' First Students Now campaign has surpassed its \$100 million goal with three months ahead of schedule which is just terrific. We have now raised \$107 million so this is terrific. Overall, really exceptional progress on the development front and the committee is recommending approval of the development report which is also included in our consent agenda.

We then had initial briefings on a couple of very interesting areas. The first being in the social media utilization at OSU, and I think I can speak for all Committee members, this was a real eye opener for us. We found that Ohio State University today is second only to Harvard in how they measure at universities the use of social media. I think that is great. I was astounded by it, and maybe I should not have been, but it was kind of nice, and I think that I even felt better about, and unfortunately Professor Chait is not here today, we are closing on Harvard, so you know we are going to pass those guys not too far in the future I am sure. It is obviously a very important vehicle, when we think about our advancement model to communicate with and engage with students. It was very encouraging to learn that we are engaging the students now, here at Ohio State, not only in what do they want to have in social media here at Ohio State but actually in the design of what we are doing. This is going to culminate in one aspect, on July first, where we are going to be launching "OSU Mobile", and this is going to be the first of its kind of a university mobile phone application that we'll be able to have. So at one site, students and others that pick up this mobile application are literally going to access the University - everything from where is this particular building, and

show me a map of how I can walk to get there, to what restaurants are there, to understanding about course work, and it was interesting as they took the students feedback. One of the main things they wanted in this phone application was understanding of academics. So students will be able to find out what are schedules for various classes; they have their own personal one. They will even, through this phone app, be able to find out what kind of grades they get in their course. It is going to be a one stop shop, mobile phone application that really will give people access to Ohio State University. It is going to be a marvelous tool for students and also, when we think of even their life after Ohio State, another way to maintain a strong connection on what is going on at Ohio State and very consistent with what we want to do on an advancement model and particularly as we start thinking about target segmentation to key stake holders and what's the best way to interact with them and keep them engaged.

The final item, Mr. Griffin provided a report on plans for "Year of the Alumni" at Ohio State, and this initiative had its genesis in the Alumni Association as they looked on how to celebrate the 100<sup>th</sup> anniversary of the Alumni Advisory Council. So rather than just one time celebratory event, they are creating a year of activities with the alumni of Ohio State in a variety of different formats that will engage the alumni in this celebrating, and this will be everything from internet based interactions and videos, interviews with key buckeyes like Mr. Kellogg that our alumni will be able to have, to regional activities that will be held to foster Ohio State University, the ties to the University, and so I really felt very, very positive, and there was only time for Archie to give us the first look at this but it was really terrific to see this kind of activity, and again I think it speaks to the different kind of thinking that is coming into the advancement model - thinking of not only how do I have an event that celebrates something, but how do I use a very important event like this to create an ongoing engagement with our alumni over the full year. So it was really terrific. That concludes my report, Mr. Chairman.

Dr. Gee:

I am sorry, this is so fascinating to me, but just a couple of things, kind of "oh wow" things. One is the fact that Ohio State has the leading program on social media for journalists in the country. In fact, we have the only one, and it really started with a program we have had for a long time, the Kiplinger Program. The Kiplinger family has, for years, brought in, they used to bring in journalists for a year, to spend a year on our campus doing a variety of different things, then it got down to six months because of the change in the nature of journalism, and now we have a one week program. I just hosted them. We had six hundred applications from the best journalists, literally in the world, and we had 24; they only select 24. We had people from Columbia and South America, the *Jerusalem Post*, the *Los Angeles Times*, the *Financial Times of London*, the *New York Times*, the *Washington Post*, all of the leading journalists are here, and they spend a week on our campus. First of all it is a great way to talk about our campus but secondly, it really shows the power of the social media because these institutions are really recognizing what is happening, and Deborah Jasper leads this program and is literally the kind of mother of all this stuff, and we are grateful to have her. She showed one thing though that was fascinating to me. Yale University spent hundreds of thousands of dollars two years ago to put out a video about the University, and they got 8,000 hits. A student at Yale, in his dorm room, put together a video that accomplished the same thing, and it was fun; there was a dance, and people were singing, which got 800,000 hits. The point is the fact that the people that we are impacting think differently about the world than the people that are putting together these videos and that's where we have to move.

Social media has become a phenomenon that is beyond us, but we have to capture it.

Mr. Schottenstein:

I do really commend Gil, and Linda, the Vice Chair of Advancement, and everyone involved. After sitting here and listening to their report, you could just turn the clock back, and I think that everyone realizes this, but if you just turn the clock back 24 months, we might have wanted to do every single thing that you just discussed, but we did not have the process or the architecture, if you will, to do it, and we did not have the alignment between marketing and the alumni association and fundraising and development; we did not have gift counting guidelines; we had not done the benchmarking that you all spearheaded that was really well done; we did not have any kind of a strategic direction; and we did not have the One University command that Gordon gave to us, and I think that the momentum, the positive momentum that we have now first of all, it could not have come at a better time for all of the financial reasons and budgetary reasons that we know about, but it's really going to give us, I think, amazing, just have a lot of up-side, and I am really, deeply appreciative, and I think it is just great for Ohio State.

Dr. Cloyd:

Thanks Bob. You know, and one other element build I would add in there that I think that is key, the Ohio State University faculty and staff broke the traditional paradigm of siloism and insularity at a university. The people that have been involved in this - it is just totally amazing. They have not moved forward reluctantly to an advancement model, they have embraced it, and they have brought their energy and their passion and all of us, in our various lives, have spent times and things like organizational and cultural change and know how difficult that can be. It is an overstatement to the hard work they are doing, but they have made it easy here. Our faculty and staff at Ohio State and the way that the students have jumped in now, it is amazing. It totally breaks the stereotype of how universities are supposed to act, and it is always inspirational to me to see it. It is just terrific.

Mr. Wexner:

I concur, Bob. There are a lot of paradigm shifts and things to celebrate in the university - momentum successes - good to be reminded. Ron, do you want to talk about our Physical Environment Committee.

Mr. Ratner:

We had discussion about renewal and deferred maintenance. Terry Foegler did a great job of giving us a report and part of the problem here is always getting your arms around really what Ohio State is. We talk about all the things we are doing, and you like to think about "Wow, how are we going to house all of these things?" This place is really huge. We have done this before and some people might not have heard it. Just on the Columbus campus alone we have got 30 million square feet of buildings. In total, by the way, the University controls 17,000 acres of land. On the campus here we have 460 buildings in that 30 million gross square feet. These are staggering kinds of numbers. The replacement cost of the current assets that we have on our campus, just the vertical assets, the out of the ground assets if you will, is about \$10 billion. So here is a sense of the kind of physical facilities that we have, and as many of you know, when we did the framework study last year we also came up with a really excellent tool, a condition assessment tool, to

assess what the physical condition of our buildings are. We are using that model now, and it is interesting to see, you know, it has been about a year that we have been able to use it. We are actively using it. We use it to track both the condition of the facilities and the use of the facilities. We are now going through, by the way, a second round of assessments, because we now assess every building on our campus every three years, and it is not just sort of a generic up against a notion of how long the system will last and the idea that there is a 25 year life for a given element of a building. We are actually going in 64 different systems in every building, specifically assessing their condition, the need for replacement and putting all that back together in a tool which we can interact with, to get our arms around the overall deferral and maintenance cost.

We have spent some time also understanding what the definitions are and I do not want to get into all that detail, but there is an idea that the referral and deferred maintenance, the total liability, by the way, would be to bring the entire campus up to a "like new" condition. One of the things we are going to have to determine as a Board is we are going to have to set a target, particularly as we start to integrate this with the financial planning model and the strategic planning model. What condition do we want to see our campus in? Do we want to get it to 80%? That is a growth that some institutions use of the in effect "like new" condition and we start to look at the cost, particularly as you break them down by different areas of the campus: residential life, athletics, different areas of the campus as to what both the total percentage of the facilities of that area had and the total deferred maintenance, if you will, the renewal cost. It is not only deferred maintenance but it's the normal renewal that comes up as you go through the life of a building. We found out, and it did not surprise me very much in one sense but really shocked me in another, that the actual, the academic and the academic supports basis: classrooms, labs, office space, the library, have the highest percentage of our overall liability. Just to give you a sense of this, it's about 50% of the physical space on campus, but it represents about 85% of the renewal deferred maintenance liability. This is an area that we are really going to have to concentrate in and the other thing about this area is it is an area in which we have to spend a lot of time looking, not only at the physical condition but the functional obsolescence. It is not a question only of what kind of condition the buildings are in, in terms of just the wear and tear on them, but are these buildings still the kind of buildings we need? Is the space the kind of space we need? Is it the right kind of office space; particularly is it the right kind of lab spaces? Gil was mentioning a lot of the stuff that we are doing throughout the university. A lot of those activities need a very specific kind of space. Do we have the right space?

We also need to start to think particularly as we go, and this was one of the outcomes of the entire report, was that we are really going to need to find a model, particularly a capital model that will allow us to do some of the expenditures we need to do, as well as then really an integrated planning model so that when we look at the strategic plan and we make decisions, for instance, if we are going to have a higher percentage of students in stem education, in science technology, engineering, math, that has specific facilities implication both in terms of our existing facilities and then while we have committed to this no net new academic space. We know we are going to need different academic space so those are the kind of challenges that we have begun to have a sense that we really have our arms around the issue. We did, I guess some of us were a little surprised, we have heard before that the state's percentage of the Ohio State budget has been dropping every year and it has in the capital areas as well. Whereas in our overall budget, I believe state support is what about 13% or so of our total budget. If you looked at the



historic project funding over the last ten to fifteen years, the state has actually represented about 50% of the capital replacement budget, of the capital budget on campus. That has changed a little bit in the last year, year and a half, because we did a significant amount on debt funding for the medical center and for some other student housing and other needs, but even with that we have to really recognize that that state funding has been trending down. It has been the same in absolute dollars but it has trended down in terms of real dollars because of the impact of inflation, but as that is going to continue to decline we are going to need to identify new sources of capital funding. It is going to be a significant challenge and again that means we to have to be very focused, understand the facilities, understand their condition, understand again how we use the facilities. We are going to need to get more creative, you know, do we need the amount of office space we have? Does everybody need individual office space? We need to look at some of the private sector models because clearly in the private world and in the corporate world, if you're offices happen to be in New York and you are having to pay \$80 or a \$100 per square foot for rent, it focuses the mind real quickly on how much office space you really need and yet we have that same issue here. How do we begin to look at what we really need? What is the appropriate use of our facilities? So that is another thing that we need to begin to focus on and again a lot of this is going to come out of the integrated financial and strategic planning model.

So that was an interesting report. There are a lot of next steps. One of the critical next steps is we need to get an understanding of our underground structure. We have a terrific assessment tool. I think we know the condition and where we need to spend money in terms of our vertical buildings and stuff about ground, but we have clearly got a significant amount on buried investment, and we do not have a good condition assessment on that. We are working on it. We will have that and be able to report on that pretty quickly. There are some other updates on some of the initiatives that we undertook on the framework process. We are beginning, as you know, to start on the infrastructure in the academic core, beginning in the underground infrastructure. The underground infrastructure, the pipes and tunnels under the ground, but also the improvements above that so that the area of 17<sup>th</sup> and Woodruff Avenues are the ones we are working on but as that area gets to have a lot of underground improvements, we are also doing the landscaping improvements and that area is going to become much friendlier from a pedestrian point of view.

A good thing to report is that we did get an agreement from the city of Columbus to fund the design of the first phase of relocating Cannon Drive. That opens up a significant amount of additional ground. I think about a million and a half dollars if I recall.

Dr. Gee:

The overall package would be about \$35 million but I really feel very good. Our discussions with the mayor, I think we all realize, and by the way it opens up space on our campus, a lot of it entrepreneurial space for about 3.2 million square feet.

Mr. Ratner:

It does two things, it opens up, what is exciting about this is, you know, it is a complete win. We put the road where it should be. We really can address a much better open space relationship to the river, to the river corridor. The road gets where it should be and at the same time we deal with some flood

plain issues and then open up this other area of about 3 million square feet of potential building but, you know, over what would obviously be a many year horizon.

Dr. Gee:

You know, and it allows us the opportunity to be a better neighbor with our colleagues at Battelle too which is what we are anxious about.

Mr. Ratner:

And again, the city just came right in on this. I think the mayor understood clearly what the benefits were and the city's responsibility. They really need to be an active partner so that is just a terrific program. That folds right into the fact, by the way, that the city is working very aggressively, and we are working very closely with the city on the program to remove the 5<sup>th</sup> Avenue dam. Again it would be one of those elements that would really help us start to transform the Olentangy River corridor. I complement our staff because every time they show drawings of this they draw the river in a bright blue color, and every time I look on Google Maps and I look at the condition of the river, it is very rarely bright blue, but it will get there. Part of this is as you remove the dam you start to get some of the natural landscape reoccurring and the water flow reoccurring and you can begin to get a much better condition for the river, and it will become, in effect, a much better neighbor for us.

We are making real progress on some of the way-finding strategies. We have a great consultant on board. We are integrating that with the Medical Center and some of the initiatives that Gil mentioned, you know, it's not just having the right signage, it is also having that signage in effect, all available to you on a smart phone. How do you get around a campus and consistency? It is amazing when you log the different ways we actually name and number and identify buildings, offices, spaces in those buildings. It is a kaleidoscope. So we are going to get some consistency in that and I think, a much better, much more exciting program.

The other thing I wanted to report on is - I think many of you know that we went out to the streets, so to speak, to request expressions of interest from the campus. The Campus Partners actually did that, for some potential development projects, both at 15<sup>th</sup> and High and at South of campus Gateway, and we got such a strong response both local and national that we actually delayed a response date in order to give some people who had yet to hear about the process time to really come back to us. And again, I think we did a really great job there because instead of going out with our ideas of what could happen, we went to the market and said "ok" to people who know the business and are going to either know or learn something about our campus. What do you think should happen here? What can happen? So we are going to go through what I think will be a very interesting process on that.

We then had a report on construction projects. As you know, in addition to the Medical Center expansion which I think Alan will cover, we are settling some other ambitious projects on campus. The South High Rise, by the way, would rank us the third largest project in Ohio State's history, right behind the Medical Center obviously and then rebuilding the "shoe" a number of years ago. That is going very well. Some minor problems with some unexpected sub-surface conditions when we are drilling the geothermal wells, and we are going to have to deal with that, but that will fit in the normal process. It is creating a bit of a blip, but I don't think it will affect the ultimate ability to get these done on time and within our original budget. We then reported on both

Kunz Hall and the OARDC facility that we are building. This animal and plant research facility which again I think is extremely well done and will be a real asset to Wooster and then the hall complex and other residential complex that is really in the South area. They are all on time. They are all on budget. Staff did a great job. By the way, they have a really very excellent presentation format so as Trustees we can look at it, understand it, and have everything in a very condensed, coherent kind of way.

We do have two items on the consent agenda. A construction project authorization for Sullivan Hall and a routine easement near the Newark campus. Just a little personal parenthetical comment: I have managed to go through this entire Board meeting paperless. I think, as a result of getting everything on my iPad, I have probably saved at least two trees. Because if you look at the Board books that we are asked to carry around, you'll find that they are very cumbersome. And I would actually urge that we start to look at that. Staff did a great job of making that material available. You think about the amount of stuff we get and the amount we throw away for a typical Board meeting, not just here, but in all of our lives. It has actually been very helpful. I also wanted to mention that because, for those of you who think I am looking at my iPad during the meeting that I am, you know, visiting other cites or going off to email, that it really is my Board information. With that, I conclude my comments.

Mr. Wexner:

Questions? Comments? Gil.

Dr. Cloyd:

Yes, Mr. Ratner. You know I cannot tell you how personally happy I am to see this comprehensive approach to the subject to deferred maintenance and renewal costs. This has been something that I think has troubled a lot of us for a long period of time and not only to understand what the magnitude of the cost was the University had as we thought about our financial plans, but as you articulated very well, what should have our priorities and if we do something what should we do. What should it be? To hear the kind of comprehensive approach that we are taking to this, I think is terrific. It leaves me though with two questions. Do you feel now that within the University, in a One University context, and it is particularly about setting the priorities and what should we do in facilities that were organized now and internally to reach efficient decision making on that aspect, because obviously there has been a lot of siloism in this area in the past, and then secondly, do you have any timing on when you think that the plan will come back in some form of a, this is what we think we should be doing.

Mr. Ratner:

I do not know that I can really answer the first one. I think we are making progress. Again we are in much better shape than we were, but it is an example, this question of who assigns space. Some space should be assigned within the local unit. It is clearly very specific to that local unit and yet a comment was made during our meeting yesterday that the gentleman that is responsible for assigning academic space on campus said that about 54% of the academic space is actually controlled centrally and the rest is controlled by locality, by department, and that he was running off to a meeting with two deans to talk about the assignment of classroom space, and I kind of thought for a moment, wow deans at this University ought to have something better to do, very honestly, then spend their time assigning classroom space.

Yet we are clearly in much better shape, we know what it is. Even if it is still within the actual control of some of the separate units, it is identified centrally, we are looking at it centrally, and it is very cooperative. Again these different departments, even though some of them still desire to retain the actual control over that space, they are very cooperative of this process of understanding what it is, where it is, and how we use it, and how it can be cross-assigned. We are making real progress there. I think we are going to have to come to some tough decisions. The University is going to come to difficult decisions about exactly where you put the control of that space.

The other thing that I would like to do, if you get to a point where we also have a better ability to actually look at the cost of space and have some better costing model, because right now we use a lot of averaging costs, so for instance we do not have everything properly metered. Historic buildings are hard to meter because the nature of their systems. We do not know exactly what we spend room by room, space by space on energy costs so that we do not necessarily, for instance, have the ability in some of our research grants to completely recover the funds that we should be recovering, because we cannot charge properly, because we do not have the right metering systems. Again, some of that gets back to controls, some of it gets back to just getting ahead of the game, some of that modeling of costs would help us when it comes to this business of assignment. We are better than we were, we are not completely there. As far as the end result of this, I think if we were not currently doing the strategic plan, that has also a significant financial plan imbedded in it, I do not know if I could give you any good answer for that. I am hopeful that a coincident with the completion of the strategic plan and the financial plan will then have an integrated capital planning model that will take this work that we have done and relate it back to the priorities of the University and then to a capital strategy. That is going to be the really complex part of this. How do you find the funds; where do you allocate them; how do you bleep over them? It is not a one- year problem; it is not a budget problem; it is a financial planning problem, because it is a 10 or 15 year horizon.

The last comment I would make about that, and it is something that came up in my mind yesterday, and it is something that I am concerned with, is that we built a lot of new facilities on our campus over the last 10 to 15 years. I was shocked at how much of the campus really is new within that time period. As you know you go through sort of a honeymoon phase, the first year or so of a new building, you spend a lot of money on it, getting it to really come on stream and then there is probably about 10 to 15 years in which you really do not have to spend a whole lot, but at that point then have significant renewal needs coming up. So if you look at the bubble of new construction that we have gone through, and I do not expect on having as much new construction on campus over the immediate future, but in the 10-year period where you will have a much bigger renewal need that is going to relate to all those buildings that will begin to age. Both keeping ahead of that on the buildings, making sure that we are not getting into a deficit, but then just recognizing as we look along toward financial planning, and you go out into multi-year planning that is going to be a very big burden, because the numbers we are looking at are a ten-year model of renewal need but there is just going to be a big burden that sits out there. We will get there. It is really part of this integrated planning. It is why I am so excited that we have both the physical tool and then the ability to get the financial model.

Mr. Wexner:

Ron, a follow in. Do you think you have enough resources to do the work when you describe it in terms of \$10 billion of buildings and 33 million more

feet coming? It sits there quietly. It does not squeak when you talk about deferred maintenance and utilization. You have provided great leadership, and we have put resources in but are we at a place where you really need more?

Mr. Ratner:

My sense is that we do not need more in terms of our resources. We need to use outside resources very aggressively on this because as we are going through, for instance, an extensive investigation of the underground, the infrastructure I mentioned before, you really do not want to add your people to do that. I think we are doing a much better job being a good client, if you will, getting the right people to do the right kind of analysis and study for us. There is a bubble of work that will come through the University. I think at the leadership level we are well staffed for that; we have made some very good appointments in that area in the last year or so, and I think that is working very well. Jeff provides great leadership overall, Terry, and a number of people in that area. Lynn is terrific, so there are some excellent people in that area. My sense, Les, is that when we actually determine what we are going to do, and we might end up finding out that we have some very specific areas that we are going to add people, if we in fact get to a more aggressive program, I think we can relate more to the implementation phase rather than the analysis phase.

Mr. Wexner:

Thank you. Any other questions, comments? Very good, thank you.

Monte.

Judge Marbley:

Mr. Chairman, the Academic Affairs and Student Life Committee met yesterday. During that meeting the Vice President for Student Life, Dr. Javaune Adams-Gaston, began by discussing a new initiative that will bring an integrated approach to student career services at Ohio State. Currently, career services for OSU students are delivered for the most part through student's college of enrollment. By centralizing those functions, we will give all students access to high quality career services.

The On-PACE, and PACE is an acronym for Personalized Actionable Career Experiences, and it was fashioned by a student. That plan will provide for multi-year career development programs as well as the unified web presence for Ohio State career services. The plan specifically aims to increase access to internships and international experiences. Indeed, 90% of our students say that the internship was the most important aspect of their undergraduate experience and 67% of those students were offered positions from internships. Internships play a critical role in placement. The program also calls for enhanced interaction between students and faculty who can guide career building endeavors, and it envisions additional partnerships with business and industry as well as government and non-private sectors. One way to bring our alumni and our students closer together is for our alumni to hire our students in internship positions, and so I think that will be the next phase of On-PACE.

We then heard from Dr. Ron Sega, who as you recall, is OSU's new Vice President and Enterprise Executive for Energy and Environment, speaking of green, Mr. President. Ohio State and Colorado State University (CSU) are sharing Dr. Sega's talents as he works to explore energy and environmental

related research in economic development opportunities for both our institutions. Green commercialization, we like to think of it.

At Ohio State Dr. Sega is also leading our sustainability initiatives, which he says must be smart, efficient, practical, comprehensive, and responsible. He plans for enhanced sustainability efforts at our institution and those include the integration of five functions: 1) energy and environmental research, 2) academics and students, 3) campus operations, 4) energy and environmental policy, and 5) our land-grant mission and outreach. I will add parenthetically that what he is doing here and what CSU represents are parallel endeavors. Nuanced however, given whatever our strengths might be, these would be the strengths of CSU. The One University approach to sustainability will allow OSU to make energy and environmental sustainability a consideration in all that we do.

One of the other things that we discussed was this will be part of our joint commercialization enterprise, so it is not existent outside of the commercialization efforts that will be spearheaded in large part by Dr. Cummings. Dr. Sega highlighted two initial key aspects of OSU's being a leader in sustainability, and one is a plan to develop the Ohio State campus as a test bed for real-world research for industry, academics and operations – all working as a team; and two, the unique Ohio State, Colorado State partnership, which would be a national model for collaboration.

The Committee next endorsed several resolutions, the most visible, which is a joint resolution with Columbus State Community College, establishing the Preferred Pathway Program. Mr. President, you discussed that, it was in the *Dispatch*, I believe it was Wednesday's *Dispatch* front page above the fold, and just briefly I know that you have all reviewed it, but Columbus State students who have earned an associate of arts or associate of science degree will be guaranteed admission to OSU, of course consistent with the University policy. That raised some questions within the Committee, just practical questions as to whether that influx of students will in any way impact on the ability of our students from regional campuses also to matriculate at OSU, and it will not.

Our Committee also endorsed amendments to the Classified Civil Service Rules, the naming of the Lima Community Heritage Art Gallery as the Farmer Family Art Gallery, the naming of the media room in the Woody Hayes Athletics Facility at the Les Wexner Football Complex as the Jeffrey Greiner Family Media Room, the re-naming of Park and Stradley Halls as Park-Stradley Hall, and the re-designation of appointing authority and delegation of authority for the administration of classified Civil Service staff and collective bargaining. Finally, the Committee endorsed the name of the clubhouse at Buckeye Field as the Phyllis Bailey Clubhouse. Because I am someone who grew up and came of age in the '70s, I mistakably said at the meeting yesterday, the Philip Bailey Clubhouse, and most of you know Philip Bailey as lead singer for Earth Wind and Fire.

The meeting concluded with the Committee's endorsement of a number of routine personnel actions. Mr. Chairman that concludes my report.

President Gee:

Mr. Chairman, can I just make one note; I see that Ron Sega is back there. Dr. Sega and I spent several days in Washington, we made a determination that once we really have this collaboration solidly put together between ourselves and Colorado State, let me just remind you this is the first vice

president of its kind in the country. Colorado State has a unique program in climatology, one of the best in the world. They are the people who predict tsunamis and hurricanes and so forth, and of course our own programs are of significant value. We spent two days in Washington, in the turmoil of Washington visiting with both of our congressional delegations, the Ohio and the Colorado delegation, seeking their joint cooperation in terms of working closely with this in terms of funding but also in terms of collaboration on a variety of levels. I think that it would not be overzealous in stating that we were very well received, the presence of Colorado State and I, and Dr. Segal, along with Stacy Rastauskas, who represents us in Washington. It was really a significant moment, they were all surprised to see two people from two different parts of the world, and we now think about this as a project from the Appalachia to the Rockies. It is really going to be something that is a signature effort on our part, and I am very grateful for the work that is going into this.

Mr. Wexner:

Any other questions, comments?

What is going on in Medicine, Alan?

Mr. Brass:

Thank you, Mr. Chairman. The Medical Affairs Committee did have its meeting, as did the other Committees. First of all let me also compliment Ron. Medical Affairs Committee is working awful close with our environment because as we are expanding the medical campus, the environmental issues in fact are right there with us. I also would like to compliment you for the work done, Ron.

There are a number of things; actually we have five items on the consent agenda today, so I am going to move through the report fairly quickly because it is a lengthy one. I first want to start with a couple announcements that I think the Board and the audience would appreciate. One of the signs of a great medical center happens once a year. That is the national match for your residents, the best of the best coming to your medical school and medical facilities and for the first time in the history, and this is a process that is an interesting process, the school gets a vote, and the students get to vote, and you try to match them up to see if we get the best ones, and the best ones also want us. For the first time in our medical school history, we have had 100% matches on first round. That is really neat, and what is stimulated by that is that a lot of those will move on to fellowships and MD/PhD programs and hopefully stays within our University. So I think Dr. Gabbe is to be congratulated and everyone else that is involved in that.

I want you to be aware of the fact that we called the expansion project, ProjectONE, when we were starting this project a couple of years ago. We brought Kaufman Hall in here to do the first test of our forecast of all the numbers and programs. Since then we have had Deloitte in two additional times, we now have Deloitte in for a third time to test it again as we are getting ready for the 2011-2012 budget, as we are trying to put together the strategic plan for the medical system. We are having Deloitte test the numbers again to make sure that everything is in the proper order based on our forecast. Remember the plan has circuit breakers up and down so if we in fact see something going on we can tweak the program as we are going through. So far, everything is holding fine, but I want you to be aware that Deloitte is in for the third time and actually our fourth review within a couple of years.

One of the big things that is about to happen at the medical system in October is we go fully automated. That is an easy statement and something that if you are close to facilities and delivery systems and clinical systems, that is a deep breath when that switch gets flipped, because we are talking about millions of patients, millions of records. Of course we will do parallel paths, but I want the Board to be aware this is a lot of work that has been done by the staff, and it is going to in fact put our medical center on the map as one of the few that will be fully automated, and I mean fully.

Next thing I would like to just mention to you that I think you will find of interest. The three key indicators we watch from a financial standpoint; \$2 billion of the \$5 billion budget at the University, and we have got to keep track of our numbers, our operating margin right now as we are closing out this year in a few more months is running at 6.3% up from a budget of 5.4 %, so we are holding well on our operating margin as it relates to days cash on hand, we are at 58 days; we want to be in the 60's by the time we close; it is looking very promising that is where we will end up being. It was not very many years ago we were in single digits, so it is coming along and each day's cash on hand is about \$4 million for our enterprise.

The debt to service coverage, which is very important as it relates to how financially are we able to carry our debt, we are running at 6.1 with a budget of 5.7, so we are really doing pretty well right now. I do want to give a yellow light. The yellow light is we are going into a very difficult state budget. We all know that, but as it relates to the health care system, with the federal government having problems and they're a match program for Medicaid, with the state budget having problems with its Medicaid program, Medicaid is going to be an issue we are going to have to watch this next year very carefully. In addition, we have the prison contract which is a very large contract for our health system, and we are going to want to watch that, and we are in negotiations with them right now which is state driven and reimbursements for physicians and is also one that we are going to have to watch which comes through the state as it relates to Medicaid, to Chip's program, and a few others. So we want to watch our budgetary process very carefully against the forecast. Now I am going to talk more about that in a second.

As it relates to our expansion program, good news, everything is on budget, everything is on time. We have the biggest bathtub in the world sitting out there. It is about to be filled with a lot of concrete here very soon, so it is going very, very well. On the consent agenda is authorization for \$111.3 million of additional authorization for funding. We have already authorized \$571 million towards this project. So this would be an additional \$111.3 million that we will hopefully be approving today. As it relates to our contingency budget, since this is such a large project, I want the Board to be aware of this; we started with a little over \$80 million of contingency. Through value engineering and so on, we moved it up to almost \$100 million of contingency. We were able to reduce the amount of money by line item and today we are standing in excess of \$90 million of contingency left. The biggest issue we did was we approved that bathtub around the whole medical complex expansion program. So the medical center expansion project is doing very, very well. I also want to report out that we have had no accidents or any safety issues on a project of this size and with that kind of traffic pattern with two huge cranes up already and others coming that is something we are tracking very carefully.

The next thing we discussed at the Medical Affairs Committee, and I want to encourage us to have a presentation here when we can fit it in, is the radiation oncology program. We heard it at the Medical Affairs Committee.



This is a remarkable program that has come from a lot of issues and a lot of problems to something that is almost best in class. And that is one of the reasons that we were so successful in getting this one of a kind grant of \$100 million, and there are a lot of lessons to be learned mostly through its leader. We have a wonderful, wonderful person, Dr. Chakravarti, and I would like to have him present at this Board as to how he has improved the program to the point that it is today, and I think it would make us very proud; it did the Medical Affairs Committee. My colleagues might want to add something to that a little bit later. Two-thirds of our cancer patients get radiation oncology. Now the statistic that is not good is that in a very, very good program, you retain about 95% of your patients for radiation oncology back at your home cite. Ours is running shy of 30%. A lot of opportunity for growth, a lot of opportunity for continuity of care and I think we will be seeing facilities and the right physicians. He has replaced 75% of the faculty that were here, and he is nine for nine on recruiting super-stars at this time. They are coming in from Yale, Hopkins, Michigan, and so on. Bobby?

Mr. Schottenstein:

The other thing is Dr. Chakravarti, who gave just a spectacular presentation to the Medical Affairs Committee, his eyes are on the prize so to speak. When it came to benchmarking, he only wanted to benchmark against the absolute best in class, and I thought that the plan he put in place was a winning plan, and he is executing on it.

Mr. Brass:

And Dr. Steve Gabbe, and Dr. Caligiuri, I know Steve is here, and Dr. Caligiuri are responsible for bringing him here, and since then, he in fact is just done a remarkable job, a tremendous job.

Well that leads us to the next consent agenda item which is to authorize an addition to the medical expansion project, which is now a \$1 billion, to become a \$1.1 billion operation, construction project. So Ron, your numbers have to be changed already. But we did go through that, and I would like to show you just two quick slides as to where it is going and why it is going. This is your new medical center with the green space and Cramblett and everything removed from it which is part of the project right now. This is what it is going to look like. If you will notice the parking garage on the left, one of the options was to take that out of there and put a wing in there. By doing that, that would cost us an additional \$25 million just to replace the parking garage and we would have used \$25 million of the \$100 million just on that replacement facility. The decision was not to do that. We came up with a better decision through Steve Gabbe and the program team and our architects and Friedl Bohm and others and can I have the next slide please? The new program will basically add, instead of building, it will take our new project up another floor. Now these are not typical floors, these are eighteen feet each floor. So you will see our new medical center building is now 20 stories. It is 273 feet tall from ground and is the 20<sup>th</sup> highest medical facility in the world now. It is a very large building. We did get clearance from FAA and everybody else that we needed to for helicopters and so on, but you will see radiation is actually going on floor number two. The first floor is the ground floor. The first floor is where you see diagnostic imaging, the next one up is radiation and that is where we will be housing this and from a clinical operation standpoint, this in fact gives us the greatest program as it relates to moving patients, in-patient and out-patient. About 20% of our radiation oncology is coming from in-patient; 80% is coming from out-patient. So on the consent agenda today is a

proposal to add the \$100 million to the medical expansion project and to move forward with that.

The staff did test one item, we did authorize them to begin planning of this early, and we already submitted the bill to the federal government, and the good news is we have already been paid. So the turn-around was very quick, and it is probably really good in light of maybe a shutdown at midnight tonight so our accounts receivable is zero right now with that. Ok, thank you very much; can we turn the lights back on?

The next item on the consent agenda is something that Bobby Schottenstein has already mentioned, and that is the Faculty Practice Plan. We have a lot of heroes around here. Dr. Chris Ellison is one of those heroes. This man has put enormous time into bringing together a Faculty Practice Plan that will become inside the health sciences system upon our approval today. This program has been in the works for a couple of years. It involves 807 physicians. It is going to go active as soon as we approve it today with the first sign-ups being all of our directors and leaders coming into the practice plan and into employment contracts followed by all of the specialists and all of the other physicians that will sign-up one-by-one under an employment contract coming into our enterprise. So what we are actually doing is creating the faculty group practice in the health sciences, that is what the resolution reads, and I am happy to tell you just recently, Dr. Chris Ellison was voted in by the medical staff to become the first president of that group and I think the Board, also in its minutes, I would so like to add this to show our appreciation to Dr. Chris Ellison for a job well done. He has really carried that ball on this one. A lot of legal work involved, a lot of Steve Gabbe's time and others, but Chris has been our focal point, and he has brought this one home. Now, why is it important? Just this week, the Healthcare Reform Law, which is 8,000 pages, has been signed. This week, the Federal Register will have 66,000 pages of regulations related to that 8,000 page law. Those institutions that have their medical system and hospitals and their manage care programs under one arm will be in such great position as relates to the new payment bundle plan. Had we not been in the position we are, it would have been to our detriment as it relates to the future of this medical system and to our University, so I very much appreciate the job that Dr. Gabbe and Dr. Ellison have done. Mr. Chairman, the last two items are amendments to bylaws both at the University Hospital and to the James Cancer Hospital. They involve things like updating a joint commission on accreditation committee works and so on. That would complete my report unless some of my colleagues want to add anything from Medical Affairs.

Dr. Wadsworth:

This radiation oncology presentation was very interesting and fascinating in a number of different dimensions. One of the dimensions that was of interest to me is that it really was a department that needed to change and be upgraded. I think in general it is interesting to ask the question: how long does that typically take to establish a reputation? You can lose it overnight, but to develop a department with world class people and have them associated with the university is about a five to ten-year cycle, and it is just worth, I think, us keeping that in mind as we plan for the future and this gentleman, Dr. Chakravarti, he has probably done it as fast as you can and will probably be at the low end of the five to ten but that is realistic, and he agreed to that assessment, you know, by the time that you recruit and change people out and start to publish and win money and get new facilities, but it was a tremendous demonstration on how to make a change in such a positive way. I think we were all stimulated by the presentation.

Mr. Brass:

And we asked him why he came, just like we asked our student, and he said because of Dr. Gabbe and because of Dr. Michael Caligiuri. It shows you, great people recruit great people; great institutions get matches on residencies. Everything grows on itself. Dr. Gabbe, any comments you want to make?

Dr. Gabbe:

I appreciate this report, Alan.

Dr. Gee:

I was just going to note that we cannot underscore this enough. This puts us into the front end of medical centers in this country where we actually have an integrated faculty. It makes us very, very powerful. One of my predecessors, I have noted this, proposed that and lost his job, so I entered into this with some trepidation, but none the less it has really been proven and Dr. Ellison has done a fabulous job, no doubt about it, but all of this is a vote of confidence in Steve Gabbe and all of his leadership, because they would not have gone that direction without that strong, strong belief in his leadership because he is the one who integrates.

Mr. Brass:

Mr. Chairman that completes my report.

Mr. Wexner:

Thank you. Questions, comments?

Dr. Cloyd:

I would like to come back to I think it was the first item in your report. When we push this button and go to the electronic records system, without asking you to enumerate the data testing that has been done, what level of confidence should we have that we will not have a big "oh no" when we push that button?

Mr. Brass:

I have asked that same question. Should I sleep that night or not? The answer is - we are going to run parallel tracks so the whole system will be manually operating as well as electronically. I think we can sleep at night. We will have glitches. It is a huge, huge conversion, but the fact that we are going to maintain everything manually on parallel tracks, Gil, I think is the right decision, and I think we should sleep at night pretty well.

Dr. Gee:

I tell you, the one that is going to be the moment of either celebration or I will be pumping gas in Vernal, Utah, is when we move from quarters to semesters, that first moment. You can imagine that. That will be a moment for all of us.

Mr. Wexner:

Questions, comments? Alan, thank you very much. Finance Committee, Bob?

Mr. Schottenstein:

Thank you, Mr. Chairman. Let me first mention, I should have mentioned this before when I talked about the Audit and Compliance Committee meeting, that we received, since our last board meeting, formal approval from the state auditor to engage PWC, Price Waterhouse Coopers, as the external auditor for the University. By law we were required to replace Deloitte after Deloitte having served in that capacity for a number of years and the contract with PWC who will now be both auditing, not just the university, but they will also be doing a separate standalone audit for the very first time, given its size and its scope and its importance, the medical center. The contract with PWC will run through, I think, 2015, and I just wanted to bring everybody up to date on that.

As far as the Finance Committee meeting goes, many of the items that we dealt with have already been discussed, and I am going to enumerate them very quickly, but before I do, the primary purpose of the meeting was to receive a report from Mr. Chatas on our financial condition through the first six months of this year, and in some respects, also through the first eight months with some additional information that he had along with an update on where things stand in the light of the state budget and the possible constraints and challenges that it will post for Ohio State. In a word, our financial condition is good. In most areas, we are trending in the right direction, but what I would like to do is ask Geoff if he would not mind just presenting a summary of the key items in terms of our condition and also issues relevant to the state of Ohio.

Mr. Chatas:

Thank you, Mr. Schottenstein. I briefed more fully the Committee yesterday, but we had strong financial results for the first six months of the fiscal year. Revenues across the University were up 6%. They were up 7% at the University itself and 6% at the medical center year over year. That total is approximately \$130 million of incremental revenue over the same period last year. At the same time, expense growth was well below that 6%, so the net margin growth was quite strong across both the University and the health system.

I also reported on the performance of the endowment. The endowment had strong results for the six months with net investment income up \$233 million, a very strong result, and that represents through February, through the end of February, an increase of 14.2% of the endowment and if you look at the total result of the prior fiscal year, we were able to report that we had an endowment performance of over 15% and that put us number four of all endowments across the United States that were between a billion and five billion, so that is 62 endowments, and we were number four, so Jonathan Hook and his team had an excellent result.

Finally, I reported on the cash flows that resulted in strong cash flow performance and if you combine that with the \$880 million of debt financing, we have quite a strong equity position. So today, we have substantial cash and short term investments on the balance sheet as we go into the next budget year.

That was the financial report highlights. I also reported on the current proposed budget at the state, so I will give you just a brief overview. Many of

you may have already heard some of this, but the highlights are: first of all, before the budget came out the new chancellor, Chancellor Petro, announced that it is the state's intention that based on strong revenue performance, the state will be making our 12<sup>th</sup> month payment this year, so although that is certainly not in the bag, if that is paid in June, that will be a check for \$25 million that we will receive that was not planned for in the current budget cycle. In terms of the next biennium, the governor's current proposed budget, the brief highlights as it relates to Ohio State, the proposal is a 15% cut in our state support, state share of instruction, that's about \$64 million. That represents the federal stimulus money that will not be repeating. On top of that, the state anticipates- if you look across the board at all of our line items that is a 9% decrease in our line items, which is about \$8 million. So those reductions together, it's about 14%, which represents about \$72 million as we go into the planning process. We certainly were looking at broader ranges than that, so in that sense we think we will be well able to weather that kind of decrease. The piece that is not yet finalized is the impact of the state budget on the health system. There are two components there: the prison contract and the Medicaid rates, so we will continue to engage with the state and monitor that and have a better assessment at the June board meeting of how that will all flow through the budget.

In terms of the impact on the University, the key things that will be coming back to the Board and will offset some of that decline will be looking at; first of all, tuition increases. Currently the Governor has proposed a 3.5% cap on tuition increases. The president of the IUC asked that be raised to 8%, so we will be reviewing the final number and making recommendations to the Board as to actions to take on tuition, hopefully in June. We will also, at that meeting, look at housing and dining rates and other fees and, as I did mention to Alex and the other student leaders that we have met with, that we intend to have a very strict cap on those fees and that the general cap will be \$50. We will look at other individual differential fees as we look at the competitive landscape, but we will be mindful of trying to keep the impact on our students as limited as we can as we go into the budget process. We will also look at the overall enrollment plan for next year as well as other issues such as salary and benefits. The intent would be to report back the full impact of this budget in June as it unfolds, but that is where we stand today. Thank you.

Mr. Schottenstein:

If I may, Mr. Chairman, just conclude the report, unless there are any questions for Geoff. The only other items, and I will be very brief, we received an update on quarterly waivers; the policy that we have as a University is that on contracts in excess of \$250 thousand, there are circumstances on which competitive bidding can be waived and when that is done, the CFO of the university is required to report that to the Finance Committee and that report was given. We received an update on the construction projects run, and Alan has discussed those in detail in terms of the big hospital project as well as the various projects that Ron discussed in terms of being on time and on budget.

We then dealt with a number of items that are on the consent agenda, and I think all of them, except for two, have already been reported on; the authorization to enter into a \$300 thousand construction contract which is a very small part of the Sullivan Hall renovation as item 18 on the consent agenda, the authorization to allow another \$111 million to be released to help pay for the new hospital project, as well as the authorization to incorporate the radiation oncology floor within the medical center expansion to increase the size of that project is on the consent agenda, and then two additional items that have not yet been mentioned today in the interest of streamlining and cost

savings; we approved what is item 20 on the consent agenda which revises certain rules and policies of the university relating to vendor relationships and vendor purchasing, basically giving a little more authority to the chief financial officer to engage in activities that will benefit streamlining and cost savings. Finally, we approved the increase of golf course membership dues, not the daily rates, but the golf course membership dues at the Scarlet and Gray course, item 22 on the consent agenda. That concludes my report.

Mr. Wexner:

Questions, comments to Bob? You got off easy, Bob.

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### **CONSENT AGENDA.**

Dr. Gee:

Yes, thank you Mr. Chairman. Today we have a total of 22 resolutions on the consent agenda. We will be taking a separate vote on item 21; therefore we are seeking approval for the following:

#### **AMENDMENTS TO THE *BYLAWS AND RULES AND REGULATIONS OF THE MEDICAL STAFF OF THE OHIO STATE UNIVERSITY HOSPITALS***

Resolution No. 2011-59

Synopsis: The amendments to the *Bylaws and Rules and Regulations of the Medical Staff of The Ohio State University Hospitals* are recommended for approval.

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff of The Ohio State University Hospitals* were approved by the Professional Affairs Committee on February 18, 2011:

NOW THEREFORE

BE IT RESOLVED, That the attached *Bylaws and Rules and Regulation of the Medical Staff of the Ohio State University Hospitals* are hereby adopted, effective immediately.

(See Appendix XXVIII for background information, page 685.)

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#### **AMENDMENTS TO THE *BYLAWS AND RULES AND REGULATIONS OF THE MEDICAL STAFF OF THE ARTHUR G. JAMES CANCER HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE***

Resolution No. 2011-60

Synopsis: The amendments to the *Bylaws of the Medical Staff and Rules and Regulations of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute* are recommended for approval.

WHEREAS the proposed amendments to the *Bylaws and Rules and Regulations of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute* were approved by the Professional Affairs Committee on February 18, 2011:

NOW THEREFORE

BE IT RESOLVED, That the attached *Bylaws of the Medical Staff and Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are hereby adopted effective immediately.

(See Appendix XXIX for background information, page 745.)

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#### **HONORARY DEGREE**

Resolution No. 2011-61

Synopsis: The awarding of an honorary degree is recommended for approval.

WHEREAS pursuant to paragraph (B)(4) of rule 3335-1-03 of the Administrative Code, the President, after consultation with the Steering Committee of the University Senate, recommended to the Board of Trustees awarding of an honorary degree as listed below:

John A. Boehner     Doctor of Public Service

NOW THEREFORE

BE IT RESOLVED, That the above honorary degree be awarded in accordance with the recommendation at a time convenient to the University and the recipient.

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#### **DEGREES AND CERTIFICATES SPRING QUARTER COMMENCEMENT**

Resolution No. 2011-62

Synopsis: Approval of Degrees and Certificates for spring quarter is proposed.

WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the Board has authority for the issuance of degrees and certificates; and

WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements:

NOW THEREFORE

BE IT RESOLVED, That the degrees and certificates be conferred on June 12, 2011, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools, and that the names of those persons awarded degrees and certificates be included in the minutes of this meeting.

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#### **A JOINT RESOLUTION OF THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES AND THE COLUMBUS STATE COMMUNITY COLLEGE BOARD OF TRUSTEES ESTABLISHING THE PREFERRED PATHWAY PROGRAM**

Resolution No. 2011-63

Synopsis: The introduction of a new collaborative initiative between The Ohio State University and Columbus State Community College (CSCC) indicates their commitment to a regional strategy for higher education designed to expand access, increase student attainment, and meet the economic advancement goals of Ohio. The Preferred Pathway Program will facilitate improved transitions and a guaranteed path to an Ohio State University baccalaureate degree for qualified students transferring from Columbus State.

WHEREAS the future growth and prosperity of the state of Ohio depend on increasing educational attainment within the state and closing the educational gap between Ohio and competing states and nations; and

WHEREAS the state of Ohio has set a goal of increasing the number of baccalaureate degrees; and

WHEREAS "From Excellence to Eminence: The One University Enrollment Plan" calls for Ohio State to increase its transfer student population; and

WHEREAS Columbus State Community College is an open access institution, providing opportunities to diverse learners and committed to assisting all students from all backgrounds who seek to pursue postsecondary education; and

WHEREAS Ohio State and Columbus State have a long-standing history of mutually beneficial collaborations; and

WHEREAS these institutions are committed to addressing regional workforce needs; and

WHEREAS these institutions believe their partnership can be expanded to address those needs in a more strategic and sustainable fashion; and

WHEREAS the partners recognize the resource constraints faced by the state of Ohio, and are committed to thoughtful stewardship of public funds, and seek to maximize the use of regional assets already in place and to ensure that future investments increase access without duplicating resources; and

WHEREAS the partners are committed to advancing the University System of Ohio principles of access, quality, affordability and efficiency, and economic leadership:

#### NOW THEREFORE

BE IT RESOLVED, That The Ohio State University and Columbus State Community College establish a Preferred Pathway Program that will guarantee access to an Ohio State baccalaureate degree for qualified students transferring from Columbus State; and

BE IT FURTHER RESOLVED, That the Preferred Pathway Program will be based upon the design principles that follow:

Section 1: Guaranteed Admission. Columbus State Community College students who have earned an Associate of Arts or Associate of Science degree will be guaranteed admission to The Ohio State University, consistent with university policy.

Section 2: Curricular Alignment. Columbus State faculty will work with Ohio State faculty to bring appropriate lower-division degree coursework into the Columbus State curriculum, such that CSCC associate degrees provide



appropriate preparation for an expanded number of Ohio State baccalaureate degree programs.

Section 3. Shared Advising. The partners will collaborate in joint advising opportunities. Ohio State and CSCC advisors will collaborate to provide advising to students prior to matriculation, train advising staff, and interface with faculty.

Section 4. Student Services. Ohio State will provide an enhanced orientation program for Columbus State students, develop First Year Experience programs for those students, and extend appropriate Student Life and acclimation programs to them.

Section 5. Data Sharing. The partners will engage in active, detailed data sharing. The ability to track success at the level of the individual student will enable the institutions to improve the quality of processes and student learning in a systematic manner and ensure public accountability.

Section 6. Stewardship. The partners are committed to using the public resources entrusted to them in order to provide the finest in educational opportunities. Through the Preferred Pathway Program, the institutions will work to ensure the seamless transition of Columbus State students into the Ohio State experience and to then foster the success of those students. Connecting the two institutions through this program eliminates uncertainties for central Ohio students and families, promotes the higher educational goals of the state, increases Ohio's pool of skilled workers, and boosts its economic development and diversification.

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#### **AMENDMENTS TO THE CLASSIFIED CIVIL SERVICE RULES OF THE OHIO STATE UNIVERSITY**

Resolution No. 2011-64

SYNOPSIS: Amendments to Chapters 3335-49, 3335-51, 3335-55, 3335-57, 3335-59, 3335-65, 3335-67, 3335-73, 3335-79, 3335-81, 3335-83, and 3335-89 of the Ohio Administrative Code governing the University's Classified Civil Service related to procedure for adoption, amendment or rescission of rules affecting persons in the classified civil service at The Ohio State University and opting out of provisions of the Ohio Revised Code and Ohio Administrative Code; reclassifications; certification; classification program; applications; examinations; appointments; probationary periods; leave policies; performance management, removals, or demotions; sick leave; reduction in force; payroll and compensation; and definitions of terms are proposed.

WHEREAS in accordance with Section 124.14(F) of the Ohio Revised Code, the Board of Trustees shall carry out all matters of governance involving the officers and employees of the University, including employees in the Classified Civil Service; and

WHEREAS Resolution 2008-47, adopted by the Board of Trustees in November 2007 authorizes the Office of Human Resources, as the University's Appointing Authority relating to all matters of governance involving Classified Civil Service employees, in consultation with the Office of Legal Affairs, to make periodic recommendations to the Board regarding the enactment and revision of Classified Civil Service Rules; and

WHEREAS the most recent revision of the University's Classified Civil Service Rules was in September 2010, and the Office of Human Resources now has

recommended a number of further needed revisions in the Rules with respect to procedure for adoption, amendment or rescission of rules affecting persons in the classified civil service at The Ohio State University and opting out of provisions of the Ohio Revised Code and Ohio Administrative Code; reclassifications, certification; classification program; applications; examinations; appointments; probationary periods; leave policies; performance management, removals, or demotions; sick leave; reduction in force; payroll and compensation; and definitions of terms for Classified Civil Service staff; and

WHEREAS these revisions in the Classified Civil Service Rules, as shown on the attached documents, will enable the University to streamline processes, enhance our efficiency and effectiveness, and provide more effective leaves policies and general management of Classified Civil Service employees; and

WHEREAS the University has complied with Ohio Revised Code Section 111.15 in promulgating these revisions to the Classified Civil Service Rules, and the University additionally has provided reasonable notice to all affected University employees and interested groups and a period of time during which such employees or interested groups could submit comments about the proposed Classified Civil Service Rules:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the revisions to the Classified Civil Service Rules as set forth in the attached amendments to the Classified Civil Service Rules, effective June 1, 2011.

(See Appendix XXX for background information, page 805.)

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#### **NAMING OF THE CLUBHOUSE**

Resolution No. 2011-65

Located in Softball Stadium,  
On The Ohio State University's Main Campus:  
The Phyllis Bailey Clubhouse

Synopsis: The naming of the clubhouse at Buckeye Field, located at 2410 Fred Taylor Drive on the main campus of The Ohio State University.

WHEREAS this facility, originally opened in 1988, underwent a major renovation and was re-dedicated in 2009; and

WHEREAS the renovated facility nearly doubled the field's capacity; and

WHEREAS the renovated facility includes indoor and outdoor batting cages, a three-plate bullpen, a 650-square foot press box, player clubhouse and locker room, new dugouts, coaches and umpires dressing room and concession areas; and

WHEREAS Phyllis Bailey has provided significant contributions to the renovation of Buckeye Field:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned Clubhouse at Buckeye Field be named The Phyllis Bailey Clubhouse.

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**NAMING OF THE LIMA COMMUNITY HERITAGE ART GALLERY**

Resolution No. 2011-66

Located in Reed Hall,  
At The Ohio State University Lima Campus:  
Farmer Family Art Gallery

Synopsis: The naming of the Lima Community Heritage Art Gallery, located in Room 160 Reed Hall, 4240 Campus Drive on the OSU Lima Campus; the arts center of the campus.

WHEREAS the Reed Hall is the arts center of the Lima campus where the majority of plays, choral concerts, art shows, and performing arts and lecture series events are held; and

WHEREAS Martha Farmer has provided significant contributions to The Ohio State University Lima campus for over twenty years; and

WHEREAS Martha Farmer has provided contributions to the Lima Community Heritage Art Gallery for construction, remodeling and ongoing support:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned Lima Community Heritage Art Gallery in Reed Hall at The Ohio State University Lima campus be named the Farmer Family Art Gallery.

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**NAMING OF THE MEDIA ROOM**

Resolution No. 2011-67

Located in Woody Hayes Athletic Center,  
At the Les Wexner Football Complex,  
On The Ohio State University's Main Campus:  
Jeffrey Greiner Family Media Room

Synopsis: The naming of the media room in the Woody Hayes Athletic Center at the Les Wexner Football Complex located at 535 Irving Schottenstein Drive.

WHEREAS this state-of-the-art facility, originally dedicated in 1987 in memory of the late Woody Hayes, has been redesigned to improve the teaching environment and solidify the Buckeyes' football practice facility as one of the nation's best; and

WHEREAS the renovated Woody Hayes Athletic Center at the Les Wexner Football Complex will advance Ohio State's athletic reputation and help attract and retain the best prospective student-athletes; and

WHEREAS Jeffrey Greiner has provided significant contributions to the renovation of the Woody Hayes Athletic Center at the Les Wexner Football Complex:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned Media Room in the Woody Hayes Athletic Center at the Les Wexner Football Complex be named the Jeffrey Greiner Family Media Room.

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#### **RE-NAMING OF PARK HALL AND STRADLEY HALL**

Resolution No. 2011-68

Synopsis: Park and Stradley residence halls located at 110 and 138 West 11<sup>th</sup> Avenue are being renovated.

WHEREAS as part of the renovation, the two buildings will be adjoined by an eleven story connector; the first floor of the connector will serve as an entry way and a front desk for the new building; and

WHEREAS once adjoined, the two buildings will be considered one building with only one address, 120 West 11<sup>th</sup> Avenue; and

WHEREAS the original buildings were constructed in 1958 and named in honor of Joseph Park, Dean of Men, and Bland Stradley, Vice President of Student Affairs; and

WHEREAS the two residence halls are becoming one; and

WHEREAS the University wishes to continue to honor Joseph Park and Bland Stradley:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees approves that the aforementioned new residence hall be named Park-Stradley Hall.

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#### **RE-DESIGNATION OF APPOINTING AUTHORITY AND DELEGATION OF AUTHORITY FOR THE ADMINISTRATION OF CLASSIFIED CIVIL SERVICE STAFF AND COLLECTIVE BARGAINING**

Resolution No. 2011-69

Synopsis: Proposal to amend the designation of the Associate Vice President for Human Resources as the University's Appointing Authority for all personnel issues related to the University's classified civil service staff and law enforcement officers and/or peace officers to the Vice President for Human Resources.

WHEREAS Resolution 2008-69, adopted by the Board of Trustees in December 2007 designates the Associate Vice President for Human Resources as the University's Appointing Authority for classified civil service staff and collective bargaining; and

WHEREAS the title of Associate Vice President for Human Resources has been changed to Vice President for Human Resources; and

WHEREAS in accordance with Section 124.14(F) of the Ohio Revised Code, the Board of Trustees shall carry out all matters of governance involving the officers and employees of the University, including employees in the Classified Civil Service; and

WHEREAS the Board of Trustees desires to make clear its delegation of authority to the Vice President for Human Resources of all rights, powers, and authority as the University's Appointing Authority, to include any and all authority required for the administration of our classified civil service staff and collective bargaining:

NOW THEREFORE

BE IT RESOLVED, That upon the recommendation of the President, and pursuant to Chapter 3335 of the Ohio Revised Code, the Board of Trustees hereby designates and appoints the Vice President for Human Resources as the University's Appointing Authority for all classified civil service staff in accordance with Chapter 124 of the Ohio Revised Code and all University law enforcement officers and/or peace officers in accordance with Chapters 109 and 3345 of the Ohio Revised Code; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby delegates and assigns to the University's Appointing Authority full authorization, pursuant to Chapter 4117 of the Ohio Revised Code, to negotiate, ratify, fund and otherwise administer any and all collective bargaining agreements on behalf of the University; and

BE IT FUTHER RESOLVED, That the Vice President for Human Resources shall report to the Board of Trustees from time to time, as the Vice President deems appropriate or as the Board requests, on actions taken pursuant to this resolution, effective immediately.

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## **PERSONNEL ACTIONS**

Resolution No. 2011-70

BE IT RESOLVED, That the personnel actions as recorded in the Personnel Budget Records of the University since the February 11, 2011, meeting of the Board, including the following Appointments, Reappointment, Appointments/Reappointment of Chairpersons, Leave of Absence without Salary, Professional Improvement Leave, Professional Improvement Leave – Cancellations, Professional Improvement Leave – Continuation, and Emeritus Titles, be approved.

### Appointments

Name: WILLIAM T. ABRAHAM  
Title: Professor (Chair of Excellence in Cardiovascular Medicine)  
College: Medicine  
Term: April 1, 2011, through June 30, 2015

Name: DAVID MCCOMB  
Title: Professor and Ohio Research Scholar  
College: Engineering

Effective: September 21, 2011

Name: R. LAWRENCE MOSS  
Title: Professor (The E. Thomas Boles Jr. M.D. Chair in Pediatric Surgery)  
Hospital/College: Nationwide Children's Hospital/OSU College of Medicine  
Term: April 8, 2011, through June 30, 2015

Name: KIMBERLY C. SHUMATE  
Title: Interim Vice President  
Office: Human Resources  
Effective: March 1, 2011

Name: PATRICK S. VACCARO  
Title: Clinical Professor (The Luther M. Keith Professorship in Surgery)  
College: Medicine  
Term: March 4, 2011, through June 30, 2015

Name: DAVID B. WILLIAMS  
Title: Dean  
College: Engineering  
Term: April 18, 2011, through March 31, 2016

#### Reappointment

Name: MARTHA BELURY  
Title: Professor (The Carol S. Kennedy Professor in Human Nutrition)  
College: Education and Human Ecology  
Term: October 1, 2010, through September 30, 2015

#### Appointments/Reappointment of Chairpersons

RICHARD H. LINTON, Chair, Department of Food, Science and Technology, effective August 15, 2011, through June 30, 2015.

MICHAEL J. MILLER, Interim Chair, Department of Plastic Surgery, effective February 1, 2011, through August 1, 2011.

WILLIAM J.A. SAVILLE\*, Chair, Department of Veterinary Preventive Medicine, effective June 1, 2011, through June 30, 2015.

SCOTT A. SHEARER, Chair, Department of Food, Agricultural, and Biological Engineering, effective July 1, 2011, through June 30, 2015.

\*reappointment

#### Leaves of Absence Without Salary

MOHAMMED I. EL-NAGGAR, Professor, Department of Electrical and Computer Engineering, effective Spring Quarter and Autumn Quarter 2011 and Winter Quarter 2012, to head the Semiconductor Research Center at Khalifa University of Science, Technology and Research (KUSTAR), United Arab Emirates.

CHIU-YEN KAO, Associate Professor, Department of Mathematics, effective Autumn Quarter 2011, Winter and Spring Quarter 2012, to accept a visiting Associate Professor of Mathematics position at Claremont McKenna College, Los Angeles, California.

LUCAS C. COFFMAN, Assistant Professor, Department of Economics, effective October 1, 2011 to February 29, 2012, to be a visiting Professor of Economics through the Coca-Cola World Fund Faculty Fellowship with the Yale School of Management, New Haven, Connecticut.

Professional Improvement Leaves

JULIA F. ANDREWS, Professor, Department of History of Art, effective Winter Quarter and Spring Quarter 2012.

LOREN E. BABCOCK, Professor, School of Earth Sciences, effective Autumn Quarter 2011 and Winter Quarter 2012.

STEPHEN E. BECHTEL, Professor, Department of Mechanical and Aerospace Engineering, effective Autumn Quarter 2011 and Winter Quarter 2012.

BARBARA BECKER-CANTARINO, Professor, Department of Germanic Languages and Literatures, effective Autumn Quarter 2011 and Winter Quarter 2012.

CHRISTOPHER R. BROWNING, Professor, Department of Sociology, effective Autumn Quarter 2011, Winter Quarter and Spring Quarter 2012.

RUTH COLKER, Professor, Moritz College of Law, effective Fall Semester 2011.

PETER W. CULICOVER, Professor, Department of Linguistics, effective Autumn Quarter 2011 and Winter Quarter 2012.

EDWARD J. D'ARMS, Professor, Department of Philosophy, effective Autumn Quarter 2011 and Winter Quarter 2012.

MARK D. FULLERTON, Professor, Department of History of Art, effective Winter Quarter and Spring Quarter 2012.

ALAN GALLAY, Professor, Department of History, effective Winter Quarter and Spring Quarter 2012.

HARVEY J. GRAFF, Professor, Department of English, effective Autumn Quarter 2011 and Winter Quarter 2012.

L. CAMILLE HEBERT, Professor, Moritz College of Law, effective Winter Semester 2012.

DAVID J. HERMAN, Professor, Department of English, effective Winter Quarter and Spring Quarter 2012.

W.S. WINSTON HO, Professor, Lowrie Department of Chemical and Biomolecular Engineering, effective Winter Quarter and Spring Quarter 2012.

THOMAS P. KASULIS, Professor, Department of Comparative Studies, effective Autumn Quarter 2011 and Winter Quarter 2012.

TEN-HWANG LAI, Professor, Department of Computer Science and Engineering, effective Autumn Quarter 2011 and Winter Quarter 2012.

STANLEY K. LAUGHLIN, Jr. Professor, Moritz College of Law, effective Winter Quarter 2012

RONGXING LI, Professor, Department of Civil and Environmental Engineering and Geodetic Science, effective Autumn Quarter 2011 and Winter Quarter 2012.

JOHN C. LIPPOLD, Professor, Department of Materials Science and Engineering, effective Winter Quarter and Spring Quarter 2012.

JEFFREY K. MCKEE, Professor, Department of Anthropology, effective Autumn Quarter 2011 and Spring Quarter 2012.

JACK L. NASAR, Professor, Knowlton School of Architecture, effective Winter Quarter and Spring Quarter 2012.

DALE A. OESTERLE, Professor, Moritz College of Law, effective Fall Semester 2011.

NOEL G. PARKER, Professor, Department of History, Autumn Quarter 2011, Winter Quarter and Spring Quarter 2012.

JOHN B. QUIGLEY, Professor, Moritz College of Law, effective Winter Semester 2012.

RANDALL L. SCHWELLER, Professor, Department of Political Science, effective Autumn Quarter 2011 and Winter Quarter 2012.

ALLISON A. SNOW, Professor, Department of Evolution, Ecology and Organismal Biology, effective Autumn Quarter 2011 and Winter Quarter 2012.

DOUGLAS D. SOUTHGATE, Professor, Department of Agricultural, Environmental and Development Economics, effective Autumn Quarter 2011 and Winter Quarter 2012.

RICHARD H. STECKEL, Professor, Department of Economics, Winter Quarter and Spring Quarter 2012.

DANIEL P. TOKAJI, Professor, Moritz College of Law, Fall Semester 2011.

MICHAEL W. VASEY, Professor, Department of Psychology, effective Autumn Quarter 2011 and Winter Quarter 2012.

DANIEL D. VERDIER, Professor, Department of Political Science, effective Autumn Quarter 2011 and Winter Quarter 2012.

JOHN L. VOLAKIS, Professor, Department of Electrical and Computer Engineering, effective Autumn Quarter 2011 and Winter Quarter 2012.

BARBARA R. ALEVRIADOU, Associate Professor, Department of Biomedical Engineering, effective Autumn Quarter 2011 and Winter Quarter 2012.

PAULA M. BAKER, Associate Professor, Department of History, effective Winter Quarter and Spring Quarter 2012.

MICHAEL K. BRUCE, Associate Professor, Department of Dance, effective Winter Quarter and Spring Quarter 2012.

CARMEL E. BUCKLEY, Associate Professor, Department of Art, effective Autumn Quarter 2011, Winter Quarter and Spring Quarter 2012.



DANIEL E. COLLINS, Associate Professor, Department of Slavic and East European Languages and Literatures, effective Autumn Quarter 2011 and Winter Quarter 2012.

ALICE L. CONKLIN, Associate Professor, Department of History, Autumn Quarter 2011, Winter Quarter and Spring Quarter 2012.

MARK E. CONROY, Associate Professor, Department of English, effective Autumn Quarter 2011 and Winter Quarter 2012.

EDWARD M. CRENSHAW, Associate Professor, Department of Sociology, effective Autumn Quarter 2011 and Spring Quarter 2012.

MARCELO J. DAPINO, Associate Professor, Department of Mechanical and Aerospace Engineering, effective Autumn Quarter 2011 and Winter Quarter 2012.

ROBERT L. DERR, Associate Professor, Department of Art, effective Winter Quarter and Spring Quarter 2012.

SCOTT L. DEWITT, Associate Professor, Department of English, effective Autumn Quarter 2011 and Winter Quarter 2012.

THERESA J. EARLY, Associate Professor, College of Social Work, effective Autumn Quarter 2011 and Winter Quarter 2012.

DANIEL FRANK, Associate Professor, Department of Near Eastern Languages and Cultures, effective Autumn Quarter 2011 and Winter Quarter 2012.

JOHN A.R. GRINSTEAD, Associate Professor, Department of Spanish and Portuguese, effective Autumn Quarter 2011 and Winter Quarter 2012.

REBECCA L.C. HAIDT, Associate Professor, Department of Spanish and Portuguese, effective Winter Quarter and Spring Quarter 2012.

ETHAN E.H. KNAPP, Associate Professor, Department of English, effective Autumn Quarter 2011 and Winter Quarter 2012.

KWAKU L. KORANG, Associate Professor, Department of African American and African Studies, effective Autumn Quarter 2011 and Winter Quarter 2012.

BECKY K. MANSFIELD, Associate Professor, Department of Geography, effective Winter Quarter and Spring Quarter 2012.

DARLA K. MUNROE, Associate Professor, Department of Geography, effective Winter Quarter and Spring Quarter 2012.

IRFAN NOORUDDIN, Associate Professor, Department of Political Science, effective Autumn Quarter 2011 and Winter Quarter 2012.

MARIA PALAZZI, Associate Professor, Department of Industrial, Interior, and Visual Communication Design, effective Winter Quarter and Spring Quarter 2012.

LISA RAIZ, Associate Professor, College of Social Work, effective Autumn Quarter 2011 and Winter Quarter 2012.

LIANA C. SAYER, Associate Professor, Department of Sociology, effective Autumn Quarter 2011, Winter Quarter and Spring Quarter 2012.

MAURICE E. STEVENS, Associate Professor, Department of Comparative Studies, effective Autumn Quarter 2011, Winter Quarter and Spring Quarter 2012.

ADENA V. TANENBAUM, Associate Professor, Department of Near Eastern Languages and Cultures, effective Winter Quarter and Spring Quarter 2012.

RICHARD E. TORRANCE, Associate Professor, Department of East Asian Languages and Literatures, effective Autumn Quarter 2011, Winter Quarter and Spring Quarter 2012.

REBECCA A. WANZO, Associate Professor, Department of Women's, Gender and Sexuality Studies, effective Autumn Quarter 2011 and Winter Quarter 2012.

KEITH L. WARREN, Associate Professor, College of Social Work, effective Autumn Quarter 2011 and Winter Quarter 2012.

KENNETH T. WILLIAMS, Associate Professor, School of Music, effective Winter Quarter and Spring Quarter 2012.

NORAH ZUNIGA-SHAW, Associate Professor, Department of Dance, effective Autumn Quarter 2011 and Winter Quarter 2012.

#### Professional Improvement Leaves - Cancellation

JOHN C. HUNTINGTON, Professor, Department of History of Art, effective Winter Quarter and Spring Quarter 2011.

#### Professional Improvement Leaves - Continuation

JOHN C. PERSONS, Associate Professor, Department of Finance, effective Autumn Quarter 2011, Winter Quarter and Spring Quarter 2012.

#### Emeritus Titles

THOMAS L. BEAN, Department of Food, Agricultural, and Biological Engineering, with the title Professor Emeritus, effective July 1, 2011.

NANCY E. BETZ, Department of Psychology, with the title Professor Emeritus, effective July 1, 2011.

DENNIS J. CHEW, Department of Veterinary Clinical Sciences, with the title Professor Emeritus, effective July 1, 2011.

THOMAS B. GREGORY, Department of Mathematics (Mansfield), with the title Professor Emeritus, effective July 1, 2011.

SUSAN M. HARTMANN, Department of History, with the title Professor Emeritus, effective July 1, 2011.

ELIZABETH G. MENAGHAN, Department of Sociology, with the title Professor Emeritus, effective April 1, 2011.

ARDINE K. NELSON, Department of Art, with the title Professor Emeritus, effective July 1, 2011.

FREDERICK B. RUYMANN, Department of Pediatrics, with the title Professor Emeritus, effective April 1, 2011.

ROBERT G. SHERDING, Department of Veterinary Clinical Sciences, with the title Professor Emeritus, effective May 1, 2011.

DOUGLAS A. WOLFE, Department of Statistics, with the title Professor Emeritus, effective July 1, 2011.

WALTER C. BUCHSIEB, College of Dentistry - Orthodontics, with the title Clinical Associate Professor Emeritus, effective April 1, 2011

RICHARD W. BURRY, Department of Neuroscience, with the title Associate Professor Emeritus, effective April 1, 2011.

CHERYL H. DEVORE, College of Dentistry, with the title Associate Professor Emeritus, effective April 1, 2011.

BENEDICTA G. ENRILE, Department of Pediatrics, with the title Clinical Associate Professor Emeritus, effective August 1, 2011.

SHEILA J. MARION, Department of Dance, with the title Associate Professor Emeritus, effective July 1, 2011.

RAPHAEL T. GEORGE, Department of Consumer Sciences, with the title Associate Professor Emeritus, effective April 1, 2011.

TERENCE M. ODLIN, Department of English, with the title Associate Professor Emeritus, effective July 1, 2011.

ROBERT J. RAGOSIN, Department of Radiology, with the title Clinical Associate Professor Emeritus, effective April 1, 2011.

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### **RESOLUTION IN MEMORIAM**

Resolution No. 2011-71

Robert S. Dorsey

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on February 11, 2011, of Robert S. Dorsey, of West Chester, Ohio, former member of the Board of Trustees.

Robert Dorsey was born in Lafayette, Louisiana. He received his B.S. in Mechanical Engineering degree from The Ohio State University in 1949. He was a member of The Ohio State University football team and lettered in 1947 and 1948. He was inducted into Tau Beta Pi, the engineering honor society, and Pi Tau Sigma, the international mechanical engineering honor society. Mr. Dorsey was also a member of the Kappa Alpha Psi fraternity, and in 1987 he was inducted into SPHINX as an honorary member.

He volunteered for the U.S. Army Reserves and was drafted into the segregated U.S. Army. Mr. Dorsey served in the 92nd Infantry Division and worked as a water purification specialist for a combat engineering battalion. He was honorably discharged in March of 1946.

Mr. Dorsey worked for General Electric (GE) for 38 years. He helped develop the engines used in airplanes such as the B-1, B-2, F-14, F-16, and F-18. He also participated in the joint venture between GE and a French company, SNECMA, which created the CFM56 engines used in many commercial jets. After leaving GE in 1987, Dorsey worked with Belcan, a consulting firm, analyzing problems associated with military engines.

In 1970, Robert Dorsey was appointed by the late Governor James A. Rhodes as a member of The Ohio State University Board of Trustees to fill the remainder of the term vacated by Frederick E. Jones; he served from 1970-72. Mr. Dorsey served on the OSU Athletic Council from June 1974 to May 1983; the Ohio State University Alumni Association (OSUAA) Board of Directors from 1983-1988; as President of the OSUAA Board from 1985-1987; and as Past President of the OSUAA Board from 1988-1993. He also served on the Alumni Advisory Council from July 1981 to May 1983. He was the recipient of the University's Distinguished Service Award in 1975. He was very active in fund raising for the OSU Development Fund. He served on the Development Fund Board from 1971-1972; the OSU Foundation Board from 1985-1990; the Campaign for Alumni House Committee and the Campaign Committee.

On behalf of the University community, the Board of Trustees expresses to the family of Robert S. Dorsey its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to the family as an expression of the Board's heartfelt sympathy.

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**APPROVAL TO PROCEED WITH PLANS FOR A  
COMPRHENSIVE FUNDRAISING CAMPAIGN**

Resolution No. 2011-72

Synopsis: Authorization to proceed with plans for a comprehensive fundraising campaign which includes transition from the planning phase to the quiet phase.

WHEREAS the Campaign Steering Committee of The Ohio State University Foundation has been meeting regularly since November 2008; and

WHEREAS the University has been in the Planning Phase for a comprehensive fundraising campaign since January 1, 2009; and

WHEREAS under the guidance of the Campaign Steering Committee, the University has initiated recruitment of volunteer leadership, approved campaign counting guidelines, tested a preliminary University case statement, completed a comprehensive stewardship project, started leadership gift conversations, established key indicators for public launch, and conducted a feasibility study; and

WHEREAS the Campaign Steering Committee recommended on February 7, 2011, that the University transition from the Campaign Planning Phase to the Quiet Phase; and

WHEREAS the Executive Committee of The Ohio State University Foundation Board, acting on behalf of the full Board of Directors on March 4, 2011, unanimously supported the recommendation of the Campaign Steering Committee:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees acknowledges and expresses its appreciation for the leadership and service of the Campaign Steering Committee and The Ohio State University Foundation Board; and

BE IT FURTHER RESOLVED, That this Board hereby approves proceeding with plans for a comprehensive fundraising campaign with a working goal of \$2.5 billion and a timeline of January 1, 2009, through June 30, 2016; and

BE IT FURTHER RESOLVED, That this Board hereby authorizes the plan for a comprehensive fundraising campaign and directs the president, provost, deans, and directors of other fundraising units to finalize recruitment of membership for campaign committees and to assess support for and finalize their Campaign fundraising goals by summer 2012.

(See Appendix XXXI for background information, page 833.)

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### UNIVERSITY DEVELOPMENT REPORT

Resolution No. 2011-73

Synopsis: The University Development Report as of February 28, 2011, is presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Development Fund and The Ohio State University Foundation; and

WHEREAS this report includes the establishment of The E. Thomas Boles Jr. M.D. Chair in Pediatric Surgery and the Chair of Excellence in Cardiovascular Medicine, the revision of The Marion N. Rowley Chair in Cancer Research, the establishment of sixteen (16) named endowed funds, and the revision of one (1) named endowed fund.

NOW THEREFORE

BE IT RESOLVED, That the acceptance of the report from The Ohio State University Foundation as of February 28, 2011, be approved.

(See Appendix XXXII for background information, page 843.)

### THE OHIO STATE UNIVERSITY DEVELOPMENT FUND

	<u>Total Gifts</u>
<u>Establishment of Named Endowed Chair</u>	
The E. Thomas Boles Jr. M.D. Chair in Pediatric Surgery (Established with gifts from Dr. E. Thomas Boles, Jr.; used to support a chair position in the Division of Pediatric Surgery) (grandfathered)	\$1,999,533.30

### Change in Name and Description of Named Endowed Chair

From: The Marion N. Rowley Chair in Human Cancer Genetics Research  
To: The Marion N. Rowley Chair in Cancer Research

### Establishment of Named Endowed Fund

Karen A. Holbrook 4-H Teen Leadership Endowment Fund (Established with gifts from 4-H friends of Dr. Karen A. Holbrook; used to support teen leadership development programs and activities within the Ohio 4-H Youth Development program) (grandfathered)	\$25,400.00
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### Change in Description of Named Endowed Fund

Dorothy R., Thomas A., and John E. Hamrick Memorial Scholarship Fund for  
Pickaway County

**THE OHIO STATE UNIVERSITY FOUNDATION**

### Establishment of Named Endowed Chair

Chair of Excellence in Cardiovascular Medicine (Established with gifts from community leaders and other advocates of the heart program; used to provide a chair position the Division of Cardiovascular Medicine) (grandfathered)	\$1,529,011.41
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### Establishment of Named Endowed Funds

The James F. and Patricia C. Dietz Engineering Scholarships Fund (Established with a gift from James F. and Patricia C. Dietz; used to provide scholarships to students in the College of Engineering)	\$408,166.85
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The Yardley Family Endowed Scholarship Fund in Dental Hygiene (Established with gifts from Lou Ann Moritz Ransom to honor her sisters Jeanne Yardley Bogen and Mary Yardley Giannola; used to provide scholarship support for students pursuing a degree in dental hygiene)	\$214,667.00
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The Robert H. Zerbst MBA Scholarship Fund (Established with gifts from Dr. Robert H. Zerbst; used to provide scholarship support to M.B.A. students in the Fisher College of Business)	\$64,000.00
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The Dr. Charles W. Miller Family Endowed Scholarship Fund (Established with gifts from Dr. Ross W. Miller, Dr. Diane Sharkey Miller, Mrs. Elizabeth Anatra, and Dr. Ellen Hartz in memory of Dr. Charles W. Miller and Mrs. Bernece C. Miller; used to provide scholarships in the College of Veterinary Medicine)	\$55,000.00
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The Arbogast Endowed Dental Scholarship Fund (Established with gifts from Dr. Marion V. Arbogast; used to provide scholarships for second-year dental students)	\$53,456.45
Shi-Chuan and Shwu-Ching Lee Engineering Scholarship Fund (Established with gifts from Dr. Shi-Chuan "Sam" Lee; used to provide scholarships to undergraduate students majoring in electrical and computer engineering)	\$50,788.95
Herve Romain Scholarship Fund (Established with gifts from Suzanne Levy, David Firestone, and friends; used to provide scholarships to students in the School of Music)	\$50,139.00
Russell G. and Melissa Warner Bow Fund (Established with gifts from Russell and Melissa Bow; used to fund an annual community book reading)	\$50,000.00
William W. Fallon and Ralph S. Fallon Endowment Fund in Civil Engineering (Established with gifts from William W. Fallon; used to support emerging priorities in the Department of Civil and Environmental Engineering and Geodetic Science)	\$50,000.00
The Timothy and Karen Stokey Family Scholarship Fund (Established with gifts from Karen Stokey; used to provide scholarships for undergraduate students)	\$50,000.00
The Richard Clarke Arnold Memorial Fund for Parkinson's Disease Research (Established with gifts from Su Au Arnold; used to support basic, clinical, and translational research related to Parkinson's Disease) (grandfathered)	\$27,000.00
Wilbur Blount Memorial Fund (Established with gifts from family and friends; used to support programs for African Americans or other underrepresented groups) (grandfathered)	\$25,155.00
Ohio 4-H Shooting Sports Endowment Fund (Established with gifts from friends of the Ohio 4-H Shooting Sports Program; used to support Ohio 4-H Shooting Sports) (grandfathered)	\$25,100.13
Ohio Expositions Commission Chair's Scholarship Endowment Fund (Established with gifts from the Ohio Expositions Commission; used to provide scholarships to Junior Fair exhibitors at the Ohio State Fair who are majoring in animal sciences at OSU) (grandfathered)	\$25,000.00

Ohio Expositions Commissioner's Scholarship Endowment Fund	<u>\$25,000.00</u>
(Established with gifts from the Ohio Expositions Commission; used to provide scholarships to Junior Fair exhibitors at the Ohio State Fair who are majoring in animal sciences at OSU) (grandfathered)	
Total	\$4,727,418.09

## THE OHIO STATE UNIVERSITY DEVELOPMENT FUND

### Establishment of Named Endowed Chair

#### The E. Thomas Boles Jr. M.D. Chair in Pediatric Surgery

The College of Medicine Surgery Chair Fund was established February 2, 1996, by the Board of Trustees of The Ohio State University with gifts from Dr. E. Thomas Boles, Jr., of Columbus, Ohio. The funding level has been reached, and the chair was established April 8, 2011.

Dr. Boles served as a full-time faculty member of the College of Medicine at The Ohio State University from 1954 to 1991. He was chief of the Department of Pediatric Surgery at the Columbus Children's Hospital from 1969 to 1991 and chief of the Division of Pediatric Surgery in the Department of Surgery at Ohio State from 1971 to 1991. Upon retirement, he became an emeritus faculty member.

The annual distribution from this fund shall support a chair in the Division of Pediatric Surgery in the Department of Surgery to be held by a nationally or internationally recognized physician faculty member who is the director of the Division and/or surgeon-in-chief of Pediatric Surgery at Nationwide Children's Hospital. The chair holder shall be appointed by the Board of Trustees of The Ohio State University as recommended by the chairperson of the Department of Surgery in consultation with the dean of the College of Medicine, the senior vice president for Health Sciences, and the chief executive officer of Nationwide Children's Hospital. The activities of the chair holder shall be reviewed no less than every four years by the dean to determine compliance with the intent of the donor as well as the academic and research standards of the University.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion shall be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the University's Board of Trustees. In making this alternate designation, the Board shall seek advice and a recommendation from the chairperson of the Department of Surgery in consultation with the dean of the College of Medicine, the senior vice president for Health Sciences and the chief executive officer of Nationwide Children's Hospital.



Amount Establishing Chair: \$1,999,533.30 (grandfathered)

Change in Name and Description of Named Endowed Chair

The Marion N. Rowley Chair in Cancer Research

The Marion N. Rowley Chair Fund in Human Cancer Genetics Research was established December 2, 2005, by the Board of Trustees of The Ohio State University with gifts from The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute in memory of Marion N. Rowley of Glendale, California. The funding level was reached and the chair was established February 11, 2011. The name and description were revised April 8, 2011.

The annual distribution from this fund shall provide for salary support of a chair position in the field of cancer research at The Arthur G. James Cancer Hospital and the Richard J. Solove Research Institute (The James). The position shall be held by a nationally eminent faculty member as recommended by the chief executive officer (CEO) of The James and director of the Comprehensive Cancer Center (CCC) in consultation with the dean of the College of Medicine and the senior vice president for Health Sciences. The activities of the chair holder shall be reviewed not less than every four years by the dean and senior vice president to determine compliance with the intended focus as well as the academic and research standards of the University.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the CEO of The James and director of the CCC in consultation with the senior vice president for Health Sciences and the dean of the College of Medicine.

The related research activities of the chair holder shall also be supported and include research personnel, equipment, supplies, and other necessary expenses of an active researcher involved in quality medical research in the field of cancer.

If funds for The Marion N. Rowley Chair in Cancer Research are no longer needed in the area of cancer research, they shall be used to fund research into the study and cure of diseases affecting the mind of the elderly, including such afflictions as Alzheimer's disease, as recommended by the senior vice president for Health Sciences and the dean of the College of Medicine.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the University's Board of Trustees. In making this alternate designation, the Board shall seek advice from the CEO of The James and director of the CCC in consultation with the senior vice president for Health Sciences and the dean of the College of Medicine.

Establishment of Named Endowed Fund

#### Karen A. Holbrook 4-H Teen Leadership Endowment Fund

The Karen A. Holbrook 4-H Teen Leadership Endowment Fund was established April 8, 2011, in accordance with the guidelines approved by the Board of Trustees of The Ohio State University, with gifts from 4-H friends of Dr. Karen A. Holbrook in recognition of her service to Ohio 4-H Youth Development.

The annual distribution from this fund will be used to support teen leadership development programs and activities within the Ohio 4-H Youth Development program. This support may include but is not limited to: training for teen leaders or volunteers working with teens; research and program development in the area of teen leadership; and support for teens attending leadership training/development opportunities nationally, statewide, regionally or locally. Expenditures shall be approved by the assistant director of OSU Extension for 4-H Youth Development.

In any given year that the endowment distribution is not fully used for its intended purposes, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences in consultation with the assistant director of OSU Extension for 4-H Youth Development.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the University's Board of Trustees. In making this alternate designation, the Board shall seek advice from the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences in consultation with the assistant director of OSU Extension for 4-H Youth Development.

Amount Establishing Endowment: \$25,400.00 (grandfathered)

#### Change in Description of Named Endowed Fund

Dorothy R., Thomas A., and John E. Hamrick  
Memorial Scholarship Fund for Pickaway County

The Thomas A. and John E. Hamrick Memorial Scholarship Fund for Pickaway County was established December 5, 1986, by the Board of Trustees of The Ohio State University with gifts from George H. Hamrick (B.S. 1951, M.S. 1959, chair of the Pickaway County Office for Ohio State University Extension 1957-1984) and his wife Dorothy R. Hamrick (B.S.Ed. 1947) in memory of their sons. The description was revised July 9, 1993, and the name and description were revised October 4, 2002. Per George Hamrick's request, the name and description were revised May 4, 2007, to honor the memory of his wife who passed away in 2006. The description was revised again April 8, 2011.

The annual distribution from this fund shall be used to support one or more scholarships for undergraduate or graduate students enrolled in any degree program on the Columbus campus in the College of Food, Agricultural, and Environmental Sciences. Criteria for selection shall include outstanding scholastic achievement and leadership potential demonstrated through extracurricular activities. First preference is for students with financial need who are from Pickaway County, Ohio. Second preference is for student from Gallia or Ross County, Ohio. Scholarship recipients shall be selected by the College's scholarship selection committee in accordance with guidelines approved by the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences, and in consultation with the Office of Student Financial Aid.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the University's Board of Trustees. In making this alternate designation, the Board shall seek advice from George Hamrick, if possible, and from the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences.

## THE OHIO STATE UNIVERSITY FOUNDATION

### Establishment of Named Endowed Chair

#### Chair of Excellence in Cardiovascular Medicine

The Chair of Excellence in Cardiovascular Medicine Fund was established June 6, 2008, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation with gifts from community leaders and other advocates of the heart program at The Ohio State University Medical Center. The description was revised September 18, 2009. The funding level has been reached and the chair was established April 8, 2011.

The annual distribution from this fund shall provide a chair position supporting a nationally or internationally recognized physician faculty member in the Division of Cardiovascular Medicine to foster innovation and excellence in the field. The chair holder shall be appointed by the Board of Trustees of The Ohio State University as approved by the senior vice president for Health Sciences and by the dean of the College of Medicine, in consultation with the director of the OSU

Heart Center and the director of the Division of Cardiovascular Medicine (unless either director is a candidate). The activities of the chair holder shall be reviewed no less than every four years by the dean to determine compliance with the intent of the donors as well as the academic and research standards of the University.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. If in the future the field of cardiovascular medicine ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from a representative of the donors, if possible, and from the dean of the College of Medicine and the senior vice president for Health Sciences.

Amount Establishing Chair: \$1,529,011.41 (grandfathered)

#### Establishment of Named Endowed Funds

##### The James F. and Patricia C. Dietz Engineering Scholarships Fund

The James F. and Patricia C. Dietz Engineering Scholarships Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from James F. (B.Ch.E. 1969, M.S. 1970) and Patricia C. Dietz.

The annual distribution from this fund shall provide three or more half tuition scholarships to be known as the James F. and Patricia C. Dietz Chemical Engineering Scholarships. The award criteria in order of priority will be: undergraduate students of sophomore standing or higher majoring in chemical and biomolecular engineering at The Ohio State University. First consideration will be given to students from Botkins High School (or its successor) in Shelby County, Ohio. If multiple students are eligible from Botkins High School (or its successor), the preference will be given to those with demonstrated financial need. If no Botkins High School (or its successor) students are available, consideration will be given to students from Shelby County, Ohio. If multiple students are eligible from Shelby County, Ohio, then preference will be given to those with demonstrated financial need. If no Botkins High School (or its successor) or Shelby County students are available, consideration will be given to students with demonstrated financial need.

Scholarship awards will be renewable for students who remain in good academic standing (not on academic probation or maintaining full-time status) not to exceed three years total.

The donors' intention is to fund at least one sophomore student, one junior student, and one senior student each year whenever possible.

The annual distribution from this fund shall also provide one scholarship each year equivalent to 12.5% of Ohio State's tuition to be known as the James F. and Patricia C. Dietz Engineering Scholarship. The award criteria in order of priority will be: an incoming first year undergraduate student from Botkins High School (or its successor) in Shelby County, Ohio, who plans to major in engineering. First preference will be given to students entering The Ohio State University main (Columbus) campus or an OSU regional campus. If no students from Botkins High School (or its successor) in Shelby County, Ohio, plan to enroll in engineering at The Ohio State University, then the scholarship may be awarded to a Botkins High School (or its successor) student who plans to enroll in engineering at another university.

The College of Engineering will develop brochures regarding application for this scholarship and distribute these brochures to Botkins High School (or its successor) in Shelby County, Ohio. Based on the applications received, a list of prospective scholarship candidates will be shared with the donors and the final selection will be made by the chairperson of the William G. Lowrie Department of Chemical and Biomolecular Engineering with assistance from the College of Engineering Scholarship Committee and in consultation with the University's Office of Student Financial Aid.

Any remaining annual distribution shall be used to fund one or more general engineering scholarships for students enrolled in the Ohio State College of Engineering with demonstrated financial need.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Engineering.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donors, if possible, and from the dean of the College of Engineering.

Amount Establishing Endowment: \$408,166.85

#### The Yardley Family Endowed Scholarship Fund in Dental Hygiene

The Yardley Family Endowed Scholarship Fund in Dental Hygiene was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Lou Ann Moritz Ransom (Cert.Grad.Dent.Hyg. 1958) of Columbus, Ohio, to honor her sisters', Jeanne

Yardley Bogen and Mary Yardley Giannola, accomplishments in dental hygiene, as well as her own accomplishments in the field.

The annual distribution from this endowed fund shall provide scholarship support to a student who demonstrates financial need and is pursuing a degree in dental hygiene. It is the desire of the donor that the fund provide full in-state tuition, books, fees, and equipment, along with licensure and examination costs. The scholarship is renewable as long as the recipient maintains a cumulative grade point average of 3.0. It is the donor's preference that the Yardley Scholarship is awarded as early in the student's educational experience as possible.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy. Scholarship recipients shall be selected by the chair of the Division of Dental Hygiene in consultation with the dean of the College of Dentistry, the College's scholarship committee, and the University's Office of Student Financial Aid.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Dentistry in consultation with the chair of the Division of Dental Hygiene.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and from the dean of the College of Dentistry in consultation with the chair of the Division of Dental Hygiene.

Amount Establishing Endowment: \$214,667.00

Total Commitment: \$322,000.00

#### The Robert H. Zerbst MBA Scholarship Fund

The Robert H. Zerbst MBA Scholarship Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Robert H. Zerbst (M.B.A. 1973, Ph.D. 1974).

The annual distribution from this fund shall be used to provide scholarship support to M.B.A. students enrolled at The Max M. Fisher College of Business. Selection of the recipients shall be made by the director of the Graduate Programs Office in consultation with the Office of Student Financial Aid.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used

in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the Fisher College of Business.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and from the dean of the Fisher College of Business.

Amount Establishing Endowment: \$64,000.00  
Total Commitment: \$100,000.00

#### The Dr. Charles W. Miller Family Endowed Scholarship Fund

The Dr. Charles W. Miller Family Endowed Scholarship Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with initial gifts from Dr. Ross W. Miller (B.S.Agr. 1978, M.S. 1980, D.V.M. 1984) and Dr. Diane Sharkey Miller (M.S. 1980, Ph.D. 1982) and additional support from Mrs. Elizabeth Anatra (B.S. 1974, M.S. 1976) and Dr. Ellen Hartz (D.V.M. 2008) in memory of their parents and grandparents, Dr. Charles W. Miller (D.V.M. 1943) and Mrs. Bernece C. Miller.

Dr. Charles Miller conducted a general practice in Crestline, Ohio, for 36 years and was active in organized veterinary medicine. He held numerous positions in local and state associations including past president of the Ohio Veterinary Medical Association, member of the Ohio Veterinary Medical Board, and Distinguished Alumnus of the College of Veterinary Medicine.

The annual distribution from this endowed fund shall be used to provide one (1) scholarship for a third- or fourth-year student enrolled in the College of Veterinary Medicine who intends to practice food animal medicine. If no candidates met these criteria, then a student interested in equine medicine and surgery may be awarded the scholarship. Scholarship recipients shall be selected by the dean of the College of Veterinary Medicine in consultation with the Office of Student Financial Aid.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in

the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donors, if possible, and from the dean of the College of Veterinary Medicine.

Amount Establishing Endowment: \$55,000.00

#### The Arbogast Endowed Dental Scholarship Fund

The Arbogast Endowed Dental Scholarship Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Marion V. Arbogast (D.D.S. 1960).

The annual distribution from this fund shall be used to provide need-based scholarships for second-year dental students who are natives of Ohio, have a minimum grade point average (GPA) of 2.0, and demonstrate superior clinical ability in their first year. The scholarships will be renewable until graduation, provided the student maintains a minimum 2.0 GPA. Scholarship recipients shall be selected by the dean of the College of Dentistry in consultation with the University's Office of Student Financial Aid.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion shall be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and from the dean of the College of Dentistry.

Amount Establishing Endowment: \$53,456.45

#### Shi-Chuan and Shwu-Ching Lee Engineering Scholarship Fund

The Shi-Chuan and Shwu-Ching Lee Engineering Scholarship Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Shi-Chuan "Sam" Lee (M.S. 1972, Ph.D. 1974).

The annual distribution from the endowed fund shall provide one or more scholarships to undergraduate students majoring in electrical and computer engineering. First consideration shall be given to outstanding candidates who are residents of Taiwan. If there are no candidates from Taiwan, consideration will be given to students majoring in electrical and computer engineering with demonstrated financial need. Selection will be made by the chairperson of the



Department of Electrical and Computer Engineering with assistance from the College of Engineering Scholarship Committee and in consultation with the University's Office of Student Financial Aid.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Engineering in consultation with the chairperson of the Department of Electrical and Computer Engineering.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and from the dean of the College of Engineering in consultation with the chairperson of the Department of Electrical and Computer Engineering.

Amount Establishing Endowment: \$50,788.95

#### Herve Romain Scholarship Fund

The Herve Romain (B.A. 1997) Scholarship Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Suzanne Levy (B.A. 1996), David Firestone (B.S.Bus.Adm. 1992), and friends.

The annual distribution from this fund shall provide one annual scholarship to a student with a minimum 3.0 grade point average (GPA) who is enrolled in the School of Music and has selected music industry as a major or minor. Scholarship recipients shall be selected by the executive dean of the College of Arts and Sciences as recommended by the director of the School of Music in consultation with the Office of Student Financial Aid.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from Suzanne Levy or David Firestone, if possible, and from the executive dean of the College of Arts and Sciences in consultation with the director of the School of Music.

Amount Establishing Endowment: \$50,139.00

**Russell G. and Melissa Warner Bow Fund**

The Russell G. and Melissa Warner Bow Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Russell and Melissa Bow.

The annual distribution from this fund shall be used to fund an annual community book reading as approved by the dean/director of the OSU Newark campus. The selection of the book will correspond with a common reading for students. Members of the campus community and the community at large will be invited to participate.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donors, if possible, and the dean/director of the OSU Newark campus.

Amount Establishing Endowment: \$50,000.00

**William W. Fallon and Ralph S. Fallon Endowment Fund in Civil Engineering**

The William W. Fallon (B.C.E. 1952, M.S. 1952) and Ralph S. Fallon (B.C.E. 1921) Endowment Fund in Civil Engineering was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from William W. Fallon.

The annual distribution shall support emerging priorities in the Department of Civil and Environmental Engineering and Geodetic Science which are directly related to enhancing the experience of students majoring in civil engineering. The annual distribution may not be used for scholarships, recruitment, or

faculty/staff support. Expenditures shall be recommended by the chairperson of the Department of Civil and Environmental Engineering and Geodetic Science and approved by dean of the College of Engineering.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Engineering in consultation with the chairperson of the Department of Civil and Environmental Engineering and Geodetic Science.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and the dean of the College of Engineering in consultation with the chairperson of the Department of Civil and Environmental Engineering and Geodetic Science.

Amount Establishing Endowment: \$50,000.00

Total Commitment: \$100,000.00

#### The Timothy and Karen Stokey Family Scholarship Fund

The Timothy and Karen Stokey Family Scholarship Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Karen Stokey.

The annual distribution from this fund shall be used to provide scholarships for first-year undergraduate students enrolled at the Columbus campus who are graduates from Dover High School in Dover, Ohio, and who have a grade point average (GPA) of 3.5 or higher. The fund shall be used to provide scholarships in increments of \$1,000 annually. The scholarship shall be distributed equally over three quarters of the academic school year and may be used for the cost of tuition, room and board, and books and supplies. This scholarship is renewable up to one year provided the student maintains a 2.8 GPA. The fund will be administered annually by the Office of Student Financial Aid in consultation with the scholarship committee of The Ohio State University Alumni Club of Tuscarawas County.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion shall be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be

assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and from the Office of Student Financial Aid.

Amount Establishing Endowment: \$50,000.00

#### The Richard Clarke Arnold Memorial Fund for Parkinson's Disease Research

The Richard Clarke Arnold Memorial Fund for Parkinson's Disease Research was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Su Au Arnold (B.A. 1969), who retired after 35 years of service to the University and resides in Columbus, Ohio.

The annual distribution from this fund shall be used to support basic, clinical, and translational research related to Parkinson's disease including but not limited to the cost of supplies, equipment, salaries, education, and travel. Annual distribution may also be used to support the growth of the Parkinson's Center and maintain the level of excellence of care for Parkinson's patients. Expenditures shall be approved by the chairperson of the Department of Neurology, the senior vice president for Health Sciences, and the dean of the College of Medicine.

In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and from the chairperson of the Department of Neurology, the senior vice president for Health Sciences, and the dean of the College of Medicine.

Amount Establishing Endowment: \$27,000.00 (grandfathered)

#### Wilbur Blount Memorial Fund

The Wilbur Blount (B.S. 1951, M.D. 1959) Memorial Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance

with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from family and friends.

The intent of this fund is to support educational diversity at the University, consistent with the University's mission and admissions policy.

The annual distribution from this fund shall be used by the vice president for Student Life to support programs for students in furtherance of the diversity mission with particular attention to, but not limited to, programs for African Americans or other underrepresented groups. The University may modify any criteria found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the vice president for Student Life.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from a representative of the donors, if possible, and from the vice president for Student Life.

Amount Establishing Endowment: \$25,155.00 (grandfathered)

#### Ohio 4-H Shooting Sports Endowment Fund

The Ohio 4-H Shooting Sports Endowment Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from friends of the Ohio 4-H Shooting Sports Program.

The annual distribution from this fund shall be used to support Ohio 4-H Shooting Sports. This support may include, but is not limited to, educational workshops and training for volunteers, educational camps and workshops for youth, and awards and recognition opportunities for youth and volunteers. Expenditures shall be recommended by the Extension professional responsible for Ohio 4-H Shooting Sports and approved by the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences in consultation with the assistant director of OSU Extension – 4-H Youth Development.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental

Sciences in consultation with the assistant director for OSU Extension – 4-H Youth Development.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from a representative of the donors, if possible, and from the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences in consultation with the assistant director for OSU Extension – 4-H Youth Development.

Amount of Endowment: \$25,100.13 (grandfathered)

#### Ohio Expositions Commission Chair's Scholarship Endowment Fund

The Ohio Expositions Commission Chair's Scholarship Endowment Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from the Ohio Expositions Commission.

The annual distribution from this fund shall be used to provide at least one (1) scholarship to a Junior Fair exhibitor at the Ohio State Fair. Recipients must be entering The Ohio State University Columbus campus, ATI or any of its regional campuses and majoring in animal sciences. In the event that there are no qualified students majoring in animal sciences, applicants enrolled in the College of Food, Agricultural, and Environmental Sciences who meet the other criteria may be considered for the scholarship.

Candidates shall be nominated by the Ohio State Fair Scholarship Committee and selected by the College's scholarship selection committee in accordance with guidelines established by the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences, and in consultation with the University's Office of Student Financial Aid.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion may be used to support an area of need within OSU Extension-4-H Youth Development or reinvested in the endowment principal at the discretion of the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences in consultation with the state 4-H leader.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be

assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from a representative of the donor, if possible, and from the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences.

Amount Establishing Endowment: \$25,000.00 (grandfathered)

#### Ohio Expositions Commissioner's Scholarship Endowment Fund

The Ohio Expositions Commissioner's Scholarship Endowment Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from the Ohio Expositions Commission.

The annual distribution from this fund shall be used to provide at least one (1) scholarship to a Junior Fair exhibitor at the Ohio State Fair. Recipients must be entering The Ohio State University Columbus campus, ATI or any of its regional campuses and majoring in animal sciences. In the event that there are no qualified students majoring in animal sciences, applicants enrolled in the College of Food, Agricultural, and Environmental Sciences who meet the other criteria may be considered for the scholarship.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Candidates shall be nominated by the Ohio State Fair Scholarship Committee and selected by the College's scholarship selection committee in accordance with guidelines established by the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences, and in consultation with the University's Office of Student Financial Aid.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion may be used to support an area of need within OSU Extension-4-H Youth Development or reinvested in the endowment principal at the discretion of the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences in consultation with the state 4-H leader.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need

dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from a representative of the donor, if possible, and the vice president for Agricultural Administration and executive dean for Food, Agricultural, and Environmental Sciences.

Amount Establishing Endowment: \$25,000.00 (grandfathered)

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**AUTHORIZATION FOR CURE ADDITION TO THE MEDICAL CENTER  
EXPANSION PROJECT UTILIZING HRSA GRANT**

Resolution No. 2011-74

Synopsis: Authorization of the revised Medical Center Expansion to include CURE expansion of capacity.

WHEREAS on September 18, 2009 the Board of Trustees adopted the resolution "Authorization for ProjectONE", approving the revised Medical Center Expansion Project; and

WHEREAS the Medical Center Facility Master Plan – Clinical Expansion includes CURE, the cancer hospital component of the Medical Center Expansion; and

WHEREAS CURE includes construction of expanded radiation oncology services; and

WHEREAS on December 29, 2010, the federal Health Resources and Services Administration (HRSA) awarded approximately \$100M in grant funding to The Ohio State University to be expended as part of CURE for an expanded cancer ambulatory program for radiation oncology services; and

WHEREAS the Medical Center Expansion Project plans provide for CURE to include the following expanded space, to be accomplished by a corresponding increase in the total authorized project budget:

Cancer Ambulatory Program, Radiation Oncology Services \$100M

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the expanded cancer ambulatory program radiation oncology services as part of the authorized revised Medical Center Expansion Project, as detailed in this resolution. All other provisions of the September 18, 2009 Board of Trustees resolution "Authorization for ProjectONE" remain unchanged.

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**FACULTY GROUP PRACTICE**

Resolution No. 2011-75

Synopsis: Approval of the creation of the Faculty Group Practice in the University Office of Health Sciences is proposed.

WHEREAS effective December 15, 2002, the University's Board of Trustees established "The Ohio State University College of Medicine [and Public-Health] Medical Practice Plan for the College Central Practice Group" (the "Practice Plan") for the purpose of advancing the goals of The Ohio State University College of Medicine



("COM") to provide education, research and service in medical disciplines through patient care services, and

WHEREAS the Senior Vice President for Health Sciences, under authority delegated to him by the University Board of Trustees, approved Ohio State University Physicians, Inc. (OSUP) as the College Central Practice Group, and

WHEREAS the OSU Medical Center is committed to shaping the future of medicine by creating, disseminating and applying new knowledge, and by personalizing health care to meet the needs of each individual; and

WHEREAS The University and OSUP desire to utilize an Integrated Model for the delivery of teaching, research and patient care services by the faculty of the COM using the medical facilities of OSUP and the Health System to (i) benefit the COM and its faculty, the Health System and the patients of the COM's faculty and (ii) improve the national ranking of the University as an academic medical center, and

WHEREAS it is essential for full integration under an Integrated Model that OSUP-employed physicians be employed solely by the University, and together with the physicians in the University's Specialty Care Network, practice within a newly constituted Faculty Group Practice; and

WHEREAS the Senior Vice President for Health Sciences, the Dean of the College of Medicine and the leadership of the College of Medicine have recommended the establishment of a Faculty Group Practice organization within the Office of Health Sciences for the purpose of employing the physician faculty of the University while still maintaining OSUP as the College Central Practice Group to administer the patient care practice of all its members including collection of fees, payment of all members' patient care costs and expenses, departmental academic enrichment and teaching and research fund payments as well as distribute all Practice Income to the Faculty Group Practice organization:

NOW THEREFORE

BE IT RESOLVED, That there is hereby created within the Office of Health Sciences the Faculty Group Practice which will employ the physician faculty of The Ohio State University College of Medicine in accordance with established University procedures; and

BE IT FURTHER RESOLVED, That all OSU Medical Center department chairs and medical center physician leaders with system-wide appointments shall become employed either by the Faculty Group Practice or the Specialty Care Network on or before July 1, 2011; and

BE IT FURTHER RESOLVED, that the Senior Vice President for Health Sciences and the Dean of the College of Medicine are hereby delegated the authority to take appropriate actions to employ all physician faculty either by the Faculty Group Practice or the Specialty Care Network in accordance with established University procedures.

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#### **AUTHORIZATION TO ENTER INTO CONSTRUCTION CONTRACTS**

Resolution No. 2011-76

Sullivant Hall and Billy Ireland Cartoon Library & Museum

Synopsis: Authorization to enter into construction contracts, as detailed in the attached materials, is requested.

WHEREAS in accordance with the attached materials, the University desires to undertake and enter into construction contracts for swing space for the following project:

	Constr. Approval	Total Project	
Sullivant Hall and Billy Ireland Cartoon Library & Museum	\$0.3M	\$24.4M	State appropriations Department funds Development funds

#### NOW THEREFORE

BE IT RESOLVED, That the President and/or Senior Vice President for Administration and Planning and Special Assistant to the President be authorized to enter into construction contracts for the project listed above in accordance with established University and state of Ohio procedures, with all actions to be reported to the Board at the appropriate time.

(See Appendix XXXIII for background information, page 849.)

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#### **AUTHORIZATION FOR RELEASE OF FUNDS**

Resolution No. 2011-77

Synopsis: Release of funds for the Medical Center Expansion Project is recommended.

WHEREAS in September 2009 the Board of Trustees authorized the Medical Center Expansion (ProjectONE) at a cost not to exceed \$1 billion and authorized the President and/or Senior Vice President for Administration and Planning and Special Assistant to the President, in consultation with the Senior Vice President for Health Sciences, to enter into design, construction, construction management, and other contracts as necessary for the project in accordance with the established University and state of Ohio procedures, with all actions to be reported to the Board at the appropriate time; and

WHEREAS the project is expected to be funded by \$925 million from University bond proceeds and \$75 million from development funds for a total authorized project amount not to exceed \$1 billion; and

WHEREAS the President and/or Senior Vice President for Administration and Planning and Special Assistant to the President in consultation with the Senior Vice President for Health Sciences shall only spend such funds as are released by the Board; and

WHEREAS the President and/or Senior Vice President for Administration and Planning and Special Assistant to the President, in consultation with the Senior Vice President for Health Sciences, shall report to the Board on the progress of the project every six months or more frequently as appropriate or as requested by the Board and, as a part of such reports, shall request release of such funds as needed; and

WHEREAS the following funds for construction commitments are requested for release:

Commitments to be made thru June 2011:

Cancer & Critical Care Tower	\$42.15M
Infrastructure & Roadways	\$16.29M
Spirit of Women Park	\$5.20M
Rhodes, Doan, James, Cramblett Mechanical Electrical Plumbing	\$19.98M
Demolition & Decommissioning	\$2.99M
<u>Support &amp; Project Contributions</u>	<u>\$24.75M</u>
	\$111.35M

NOW THEREFORE

BE IT RESOLVED, That a total amount of \$111.35 million is hereby released for construction and related services as requested.

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**REVISIONS TO THE POLICY ON PURCHASING  
AND COMPETITIVE BIDDING**

Resolution No. 2011-78

Synopsis: Authorization for the adoption of the revised policy on purchasing and competitive bidding is requested.

WHEREAS it is the policy of The Ohio State University to solicit competitive bids or proposals in making University purchases in all cases wherein the best interest of the University will be served by such competition; and

WHEREAS the University's policy on purchasing and competitive bidding has been established by the Board of Trustees through Resolutions 84-61, 85-29, 86-41, 87-38, 87-39, 88-55, 92-78, 95-17, 2002-97 and 2008-70 and there is a need to revise and update the University's policy on purchasing:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby revises the policy on purchasing, as follows, effective immediately:

1. Under the direction of the Senior Vice President for Business and Finance, the Director of Purchasing shall have the responsibility and requisite authority for the purchase of equipment, materials, supplies, and services for the University.

Except as provided below, all equipment, materials, supplies, and services shall be purchased through solicitation of competitive bids or proposals except where such equipment, materials, supplies, or services are purchased pursuant to Sections 4115.31 to 4115.35 and 5147.07 of the Revised Code, or where the amount of such purchase of equipment, materials, and/or supplies is less than \$25,000 or where the purchase of services, or any combination of services, equipment, materials, and supplies, is less than \$50,000. The above threshold amounts notwithstanding, the University may require competitive bidding for purchases below these threshold amounts if it determines that such bidding is in the best interest of the University. Contracts shall be awarded to the lowest responsible and responsive bidder. In accordance with policies and procedures established by the Office of Business and Finance, the University may accept or

reject any or all bids or proposals in whole or by item. For any contract authorized by the University's policy on purchasing, the University is authorized to make multiple awards as provided for in the University's request for bids or proposals.

The President and/or Senior Vice President for Business and Finance, or his or her designee, may grant a waiver from competitive bidding when he or she determines that an emergency or a sufficient economic reason exists, or that the equipment, materials, supplies, or services can be purchased only from a single supplier (sole source).

The President and/or Senior Vice President for Business and Finance, or his or her designee, may grant a waiver from competitive bidding when he or she determines that the services to be purchased are technical and specialized consulting services that are temporary in nature and there are sufficient economic reasons to support such a waiver and where such terms and conditions are in the best interest of the University. The exercise of this authority shall be subject to the oversight authority of the Senior Vice President for Business and Finance.

The President and/or Senior Vice President for Business and Finance, upon recommendation of the appropriate University office responsible for University collections and with any necessary budgeting approval, is authorized on behalf of the University, on a continuing basis, to purchase (including through the commissioning of such work or objects), without competitive bidding, objects of fine or decorative art or other objects to be collected for and on behalf of the University, from funds authorized for such purposes, upon such terms and conditions as are deemed to be in the best interest of the University, but not to exceed \$1 million per art work or collection based on an appraisal(s) acceptable to the University. This provision rescinds Resolution 84-61.

The President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to purchase, without competitive bidding, equipment, materials, supplies, or services through any non-profit or governmental agencies or consortia (including but not limited to the Inter University Council Purchasing Group) whose contracts meet the competitive bidding requirements as determined by the University, upon such terms and conditions as are in the best interest of the University.

The President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to enter into agreements, without competitive bidding, for entertainment acts, performers, and artists, and their selected, required, or contractually mandated promoters or associated vendors, as scheduled by various University departments, upon such terms and conditions as are in the best interest of the University.

Resolution 87-38 is hereby reconfirmed and the President and/or Senior Vice President for Business and Finance, in consultation with the Vice President for Research, is authorized on behalf of the University, on a continuing basis, to negotiate and to enter into, without competitive bidding, agreements, including purchase agreements, as are necessary or desirable to acquire, finance, install, equip, maintain, operate, and update current generation and subsequent new generation supercomputing equipment developed by or for use with Cray Research, Inc. supercomputing equipment.

In accordance with Section 5513.01(B) of the Revised Code, the President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to purchase, without competitive bidding,

through Ohio Department of Transportation agreements, machinery, materials, supplies or other articles upon such terms and conditions that are in the best interest of the University.

The President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to purchase, without competitive bidding, books, periodicals, and other related items for the University Libraries' collections.

In compliance with Section 125.081 of the Revised Code and any applicable court decisions, the University shall set aside a number of purchases each year for bidding by certified minority businesses only. The bidding procedures for such contracts shall be the same as for all other contracts except that: 1) only minority business enterprises certified by the State of Ohio Equal Employment Opportunity Coordinator shall be qualified to submit bids; and 2) the cost of products and services may not exceed the estimated market price by more than approximately 10%. If bids are rejected because of this cost consideration, the purchase shall be offered again for bid by all interested vendors in accordance with standard bidding procedures.

Resolution 95-17 is hereby reconfirmed, and notwithstanding any other provision of this policy on purchasing, the Vice President of Health Services shall have the responsibility and requisite authority for the purchase of equipment, materials, supplies, and services for the Hospitals of the University and their related facilities, in accordance with this University Purchasing Policy. The exercise of this authority by the Vice President of Health Services shall be subject to the oversight authority of the Senior Vice President for Business and Finance who shall review the application of this delegation of authority every three years.

Resolutions 87-39 and 88-55 are hereby reconfirmed, and the President and/or Senior Vice President for Business and Finance is authorized, on a continuing basis, to purchase, without competitive bidding, equipment, materials, supplies, or services through the University Hospital Consortium, Inc., and the Hospital Helicopter Consortium of Central Ohio, whose contracts meet the competitive bidding requirements as determined by the University, and upon such terms and conditions as are in the best interest of the University.

The President and/or Senior Vice President for Business and Finance is authorized, on behalf of the University, on a continuing basis, to negotiate and enter into agreements, to purchase services for blood and organ products for transplantation, without competitive bidding, upon such terms and conditions as are in the best interest of the University. This provision rescinds Resolution 86-41.

The President and/or the Senior Vice President for Business and Finance is authorized on behalf of the University to employ reverse-auctioning procurement methods for the purchase of goods and services, in accordance with the competitive bidding requirements as determined by the University.

Resolution 2002-97 is hereby reconfirmed, and the President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to purchase without competitive bidding, equipment, materials, supplies, or services through participation in state of Ohio term schedules in which the vendor guarantees that the State will receive the lowest price as offered to the federal government and in which the vendor agrees to accept all of the State's terms and conditions.

The President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to purchase without competitive bidding, the renewal of licenses and maintenance agreements for existing software applications, upon such terms and conditions as are in the best interest of the University.

The President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis and without competitive bidding, to negotiate and enter into real estate lease agreements in accordance with existing University procedures, upon such terms and conditions as are in the best interest of the University.

The President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to purchase without competitive bidding, municipally based and other single-source supplies of utility services, upon such terms and conditions as are in the best interest of the University.

The President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to purchase without competitive bidding and in support of the mission of WOSU Public Media, products and services available solely through the Public Broadcast Service, National Public Radio and the National Program Service (including but not limited to programming fees and promotional products), upon such terms and conditions as are in the best interest of the University.

The President and/or Senior Vice President for Business and Finance is authorized on behalf of the University, on a continuing basis, to purchase without competitive bidding, necessary services for authorized student exchange programs with other institutions of higher education, upon such terms and conditions as are in the best interest of the University.

The President and/or Senior Vice President for Business and Finance is authorized, on behalf of the University, on a continuing basis, to negotiate and enter into agreements to purchase physician services in support of the University Health System, without competitive bidding, upon such terms and conditions are in the best interest of the University.

Notwithstanding any other provision of this policy to the contrary, any contract or purchase, whether competitively bid or not, for goods or services which contract or purchase is in excess of \$1 million must have the prior written approval of the Senior Vice President for Business and Finance or his or her designee within the Office of Business and Finance.

Notwithstanding any other provision of this policy to the contrary, any contract or purchase for goods or services for which competitive bidding is waived, and which contract or purchase is in excess of \$500,000 must have the prior written approval of the Senior Vice President for Business and Finance or his or her designee within the Office of Business and Finance.

Only the President and/or Senior Vice President for Business and Finance is authorized, on behalf of the University, on a continuing basis, to negotiate and enter into agreements with various financial institutions and advisors relating to financial consulting services, banking, brokerage, leasing, asset financing and related financial services without competitive bidding, upon such terms and conditions in the best interest of the University.

All contracts or purchases for goods or services for which contract or purchase is in excess of \$250,000 for which competitive bidding is waived, shall be reported to the Board on a quarterly basis.

A report of all contracts or purchases for goods or services for which competitive bidding is waived shall be provided to the Board of Trustees Office on an annual basis

This policy applies to all funds administered by The Ohio State University and applies to the purchases of all products and services that are not conditions of existing contracts that have been previously negotiated and competitively bid. Also, this policy applies only to purchases of products and services acquired from outside of The Ohio State University and its affiliates.

(See Appendix XXXIV for background information, page 851.)

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### **AUTHORIZATION FOR INCREASE IN GOLF COURSE MEMBERSHIP DUES**

Resolution No. 2011-79

Synopsis: Approval of golf course membership dues and daily green fees for the calendar 2011 year golf season FY2012 at the recommended levels is requested.

WHEREAS each year the Athletic Council reviews projections for the coming year's budget and recommends golf course membership dues; and

WHEREAS the Athletic Council has approved increases for golf course membership dues and daily green fees shown on the attached table; and

WHEREAS the Athletic Council's recommendations have been reviewed and are recommended by the appropriate University administration:

NOW THEREFORE

BE IT RESOLVED, That the recommended increases for golf course membership dues and daily green fees for calendar year 2011 golf season FY2012, be approved.

(See Appendix XXXV for background information, page 853.)

Upon motion of Mr. Brass, seconded by Mr. Hicks, the Board of Trustees adopted the foregoing resolutions by unanimous roll call vote, cast by Trustees Wexner, Borror, O'Dell, Hicks, Schottenstein, Brass, Ratner, Marbley, Kass, Jurgensen, Wadsworth, and Kellogg.

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### **EASEMENT – RIGHT OF WAY**

Resolution No. 2011-80

LICKING COUNTY, OHIO  
COUNTRY CLUB DRIVE, NEWARK, OH

Synopsis: Authorization is requested to grant the Ohio Department of Transportation a transfer of land for a right of way, adjacent to the existing right of way, along Country Club Drive at the Newark Regional Campus.

WHEREAS the Department of Transportation has requested this grant of right of way along Country Club Drive at the Newark Regional Campus. The right of way will be a grant of temporary easements in four parcels totaling 0.138 acres along the east side of Country Club Drive and transfers in perpetuity of two parcels totaling 2.009 acres. The grant shall be temporary for areas needed in construction and in perpetuity consistent with the existing right of way along Country Club Drive. The transfer is proposed without consideration to the University as the street improvements will improve traffic flow in front of the Newark campus, increase safety and visibility, and improve access to the Newark campus for students and the general public; and

WHEREAS the purpose of the right of way is to allow the Department of Transportation to widen Country Club Drive and add a turn lane to improve traffic flow and better serve the Newark Regional Campus. The appropriate University offices have determined that the grant of this right of way is in the best interest of the University:

NOW THEREFORE

BE IT RESOLVED, That the President and/or Senior Vice President for Administration and Planning and Special Assistant to the President shall be authorized to take any action required to affect the grant of easements and right of way along Country Club Drive, Newark, Ohio, upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the University.

(See Appendix XXXVI for background information, page 855.)

Upon motion of Mr. Borrer, seconded by Mr. O'Dell, the Board of Trustees adopted the foregoing resolutions, cast by Trustees, Wexner, Borrer, O'Dell, Hicks, Schottenstein, Brass, Ratner, Marbley, Kass, Jurgensen, Wadsworth and Kellogg.

Dr. Frantz:

We need a motion and a second. Motion carries, Mr. Chairman.

Upon motion of Mr. Borrer, seconded by Mr. O'Dell, the Board of Trustees adopted the foregoing resolution with eleven affirmative votes, cast by Trustees, Borrer, O'Dell, Hicks, Schottenstein, Brass, Ratner, Marbley, Kass, Jurgensen, Wadsworth and Kellogg, and one abstention cast by Trustee Wexner.

Mr. Wexner:

This just about completes the agenda. I thought, before we conclude, maybe we can go around the table and see if there are any other comments. We have had a very productive day and a half and a productive month, so we will give every trustee an opportunity to comment. We will begin with you, Brandon.

Mr. Mitchell:



I will start my comments on a sentimental note. I want to thank Alex. Since this is her last meeting as my big sister, I would like to thank her for everything she did in helping nourish me and get me up to date in being a Trustee and teaching me what it meant to actually be a student trustee and how to listen and introducing me to everyone who I would need to talk to and just guiding me along. It is going to be tough to look to my left in our office and not see her there to throw things at or play games with, so I just want her to know that she will be missed.

One more thing, Alex and I had a bet about who could get the first “here! here!” from Andy Sorenson, and I just got one. Just between us two.

Mr. Kellogg:

That is just between you and Alex though, because there have been a few “here, here’s” earlier.

Dr. Cloyd:

Don't you hate to follow Brandon? Let me add, first of all, my thanks to Alex and Doug for the great service and collegueship on the Board. It has been a true pleasure. We are going to miss both of you. The only other comment I have is, again, I am ecstatic at the progress I see us making and the advancement model, the opportunities it is opening for the University, and I think we are already starting to see great progress on the development front, and I am just very, very optimistic.

Mr. Wadsworth:

I could say the same thing about Alex and Doug. Thank you for your service. We have had a very positive meeting. I see so many strong things advancing. I am very impressed.

Judge Marbley:

I want to thank Alex, and I want to thank Doug. Doug has really kept us focused on what is really important because after all is said and done, we are here for the students and I do not know that anyone has reminded us of that as well as Doug has during his time on the Board and he set a high bar for those of us who are on the Academic Affairs and Student Life Committee, and I think that you deserve a great deal of praise for having done that so we never forget why we are here. So, thank you very much.

Mr. Brass:

Well I am not to be the one that leaves Alex or Doug out, that is for sure, but thank you very much for a job well done, just a job well done. It has been fun, and I will tell you, we will miss you. Do not forget, I get one pair of socks after you wash them. It was a great, great meeting. Thank you.

Mr. Hicks:

A very good meeting, a lot of momentum, a lot of interesting dialogue. I have been very impressed in the reports that we have heard in terms of the personnel that we are recruiting, whether it is Bryan Cummings or our new dean of engineering or the folks that Dr. Gabbe has recruited. What is remarkable is how one or two individuals can really make a difference, and I think we saw that in radiation oncology.

I would also say to Alex and Doug, it has been a pleasure serving with you. We had an opportunity to get together with some of their family last night and you guys have both done a wonderful job on the board, and it was wonderful to see your families and have them share with you, and share with us, a celebration of your time here. Thank you very much.

Mr. Kellogg:

I would like to say a couple things. One, obviously I am a relatively new trustee, and I have not had the chance to be around Doug and Alex as many of you have but nonetheless, in the short time, it is not so much what the dash says between the association, it is how you live that dash, and I have been tremendously inspired by Doug, his passion and his enthusiasm, his caring for the University, and Alex has been fantastic to get a chance to know so, I too, would like to commend you on your service and I am going to miss you even though it has been short.

I also would like to say, you know, when James and Sam, I mean one of the highlights for me in the couple of board meetings that I have been to is the recognition of the students, and I go back to Judge Marbley's point, that it does give you a sense of recalling and reminding you of why we are here and to hear their stories and backgrounds just a little bit is always inspiring.

I would just like to commend the various committee chairs. The reports, the level of work that has been done, the momentum, I mean I come of a really personal high in my professional life from the three or four weeks of March Madness, which is fantastic for somebody who loves basketball, but when you sit in here, and you get a chance to see the breadth and quality and the importance and the significance of the work that is going on here, it takes you to a whole other level of appreciation for the people that are making it happen because at the end of the day that is what it is about: the quality of the people and their purpose and their caring and their passion and their professionalism, and that is all on five star display here. I just want to commend all our committees and the staff and faculty that are all part of what is transpiring here and the leadership of our President. It is very, very inspiring. Extremely inspiring from my perspective.

Mr. Jurgensen:

Alex and Doug, all the best. You have done a wonderful job, and I know we will continue to see you around so that is good. Clark, you did a great job, and I know all of us were hoping we would have the chance to see you labor on that final game, that was going to be neat. I think the thing I am struck by, and I feel that some of the people in the audience feel the same way, when you listen to all of these reports, even though we go through the committees and everything, and it is really almost overwhelming, is that for many of us that come to the Board via a corporate or business background, whenever you have a background with academia, there always used to be a very large gap in practice, between what goes on in corporate America, generally speaking, and what goes on in academia, relating to the management of the business. I mean the administrative end of it, not the mission of it but whether it is managing physical assets or financial planning, financial analysis, strategic planning, investment management, all of these functions that are away from what we do in teaching and research really, but enable what we do in teaching and research. The practice of managing all of those things, the professionalism, the approaches, the processes, the reporting, and all of that, there used to be an enormous gap between, I think what many of us would

observe happens in our companies versus what happens in academia. That gap is significantly closing here and there are many things that Ohio State does today. In terms of the management, a lot of these things that are every bit as good and maybe in some instances better than what happens in corporate America. Now, what makes that even more significant to me as I have thought about it is that a lot of businesses are bigger than the University in terms of revenues or assets, but as I look around the table and contemplate the businesses that we all came from, in many senses, none of our businesses are more complex. As a matter of fact, the University is significantly more; the business I came from is pretty simple. We insure cars, houses, and to some extent, commercial activities and businesses. It is a big business but is pretty straight forward. It is pretty simple. It pales in comparison to the complexity of Ohio State and so, when you think about this gap shrinking in business practice, it is pretty amazing.

I am always astounded, no matter what it is we are talking about or whatever it is that is raised or brought up in the meeting, how Dr. Gee can immediately recall to mind a statistic or an aspect about that as it related to Ohio State. It is astounding and it just reinforces, again, what a big, enormous, impactful place this is.

Mrs. Kass:

Well my two sentiments have been stated already, but I will repeat them for everyone. One is what Judge Marbley said about students, and you know it is wonderful to have a role model in a student and I think Alex, you have taught us all a lot, and I think that it brings us back to what we are here for and also the promise of the future. These are the students that we have here and I feel very good about where we are going when we have students like Alex and Brandon. Doug, I have really enjoyed getting to know and thank you for your focus on students and for what we all are here for. We are going to miss you both, but I know we are going to see you both.

Clark, what you said was really on my mind in terms of all the chairs of all the committees and what has been said and how everyone has really shown such immense leadership, and it is just an honor to be among everyone.

I particularly wanted to thank Gil, today, just because of, I think your leadership on the Campaign Steering Committee as we are going ahead in the campaign, you have really lead us very well, and we are very, very fortunate for that.

I guess I just want to say that all of this that we have talked about has been emanating from all these strategies and things we are trying to wrap our arms around are really coming from this wonderful template that you, Dr. Gee, have set for us in One University as we are integrating everything that we have talked about here. That kind of has really stayed in my mind today. Thank you.

Mr. Ratner:

First, like everybody else, obviously both of the two trustees that are leaving have made enormous contributions, not just to the University, and I just speak very personally, just getting to know them. One of the privileges on this Board actually is getting to know a group of really wonderful people and getting to work with them, and I have said this before, I think the student trustees here have been extraordinary. Every time one of them leaves the Board, I say "how are we ever going to replace that student trustee?", and I turn around and it seems to happen that we have a source of extraordinary young people who

have just added immensely, and it may seem to me, because I don't lose their persona as students, they clearly are students, and yet they do not try to pretend. Alex, the benefits that you have brought and the talent that you brought, to be able to be both a student, and clearly in that role, and yet to display incredible maturity and wisdom, you know, that is very hard. A lot of people would candidly, you know, it would be very false and pretentious about that, and there is nothing at all about what you have done with that. You deal one on one with people who have 30 or 40 years more experience in life and in roles similar to this and you both, not only do you hold your own, you often end up leading the conversation.

And then there is Doug, who is just always able to, usually at the end of the meeting, he will ask a very quiet question and you realize you just got skewered completely. Doug, I will certainly miss that. You keep all of us honest in a very quiet and a very deliberate way.

The comment I wanted to make, in a more general sense, is that when I first came on the Board, I think it has been three years or so, I think Dr. Gee was giving a presentation of the sort of "One University" concept of some of the changes he wanted to see happen in this place, and I remember sitting there saying "wow, that's an extraordinary vision", but I was appointed the remaining term of another trustee who resigned so I only have eight years and I said "I will never see any of this come to fruition in these eight years. You cannot move an institution of this size; you cannot make change in an institution of this scale", and it is not so much whether it is academia or corporate world, it is just scale and size and what was remarkable as I sat and listened to the presentations and from each of the committee chairs, is how much change really has occurred, how significantly we are altering the landscape of the University; how we are moving it in the direction that Dr. Gee set forth, and it is really a tribute to the people who have done the work, not really to the trustees. We sit here and we take credit for work that extraordinary staff and faculty and administrators have done, but it is that ability to really change a very large institution, whether it is the oncology program or whether it is advancement. You go around the room and you think about how many places we are really affecting significant change, redirecting the University, refocusing its energies. That is just extraordinary, and it has this entrepreneurial spirit around here that we can make things happen and make them happen quickly and effectively that is just shocking, because I have never been around an institution of this scale that had anything like that agility. That is a real compliment and I think, Gordon, it is mostly the kind of leadership that you have set at the top and then the extraordinary people that you have been able to gather around you. It is just fun to be a part of that.

Mr. Schottenstein:

Well said and I just echo what everyone has said. First, I want to just make clear that I think that we are making unbelievable progress and to quote you, Mr. Chairman, and others, we are getting better and this is a very, I think, exciting time for the University, and I think we are fortunate to be in the position that we are in. Archie just walked out, and as he was walking out I was listening to what everybody said. I think it was in the early '70s that Woody Hayes wrote this book called "You Win with People" and I remember when the book came out, I was too young and not bright enough to figure out the title. I thought why didn't he title it 'You Win if you Score More Points', I mean, duh. Obviously he meant something else, and we have talked about a number of people and I just want to say, too, Alex, thank you so much. I do not think we can ever lose sight of how important the voice of the students are and how much it matters what you and now Brandon, and those who have

come before you and those that will follow have done for the benefit of this Board as student trustees. I echo what everyone has said, and Doug, there has been no powerful voice since I have been on this Board for the students than you. On a personal level, Doug, and I go back a few years, to say the least our fathers were very close friends, and Doug, and his entire family, I have a lot of affection for, and I am going to personally miss you on this Board. We are fierce competitors, at least for many years we were, but we have always remained good friends. I wish you only the best and I know we will see you often, and we will miss your socks.

The only other thing that I would like to add, I would like to reinforce the comments I made about advancement and the great work that so many have done, and also just in terms in the committees that I serve on, particularly Audit and Compliance and Finance, I do want to single out the extraordinary work of Geoff Chatas as our new chief financial officer. There are just so many great people sitting out there who I think are doing such great work for us; Dr. Gabbe, Dr. Sorenson, Jeff Kaplan, I am leaving people out, but just in terms of how closely that our committee works with Geoff and how he is helping us become a smarter, higher performing committee in terms of financial reporting, financial analysis, financial strategy, and it could not have come at a better time, and I just want to note that and that is one of the reasons that we are getting better.

Mr. O'Dell:

I just want to say that it is a great honor to serve on this wonderful Board and this great University. It is an amazing experience and certainly, I want to thank Alex for her two years of service and Doug for his nine. For the last two years, with Alex, and for the last eight years that I have been on this Board, it has been an absolute pleasure and joy. You have made great contributions - just a wonderful, wonderful opportunity.

A side point, I was lucky enough to go to Newark for the NCAA tournament and after the game, the cheerleaders, band, and all of the fans who had gone up there hung out in the lobby of the team hotel, and I was there for that. At about two o'clock in the morning, the team finally came back in, because it was a late game. You would have been very, very proud of your band, your cheerleaders, your team, your coaches, and all of the fans. It was a touching, sad moment with great cheering. I am very proud of all of the people involved in that and this University is in a great place. We have got great momentum, great leadership, Les, congratulations on your reappointment and thank you for that amazing gift and thank you for this opportunity.

Ms. Swain:

First, I want to let you all know how much I appreciate last night and the opportunity to, just pour my heart out there a little bit and to publicly thank my parents. Few opportunities like that to show my appreciation for everything that they do, but once again, like last night, I am going to revert to a little humor to keep my emotions in check. So one of my hobbies, stress relievers, is getting in my car and singing very loud. I don't care if anyone pulls up next to me and sees me. Ironically, this morning, the song on the way over was a 1998 hit from the New Radicals, "You Get What You Give" and I love that that came up and as much as I have tried to put as much as I can into this opportunity, it has given back tenfold, and I have just appreciated that so much. I just want to thank you all, so many people out there for being friends, mentors, and role models. This is an awesome team, I think, and it has been

just awesome to be a part of and OSU is doing so many amazing things, and it has truly been an honor to be a part of this team.

Mr. Borrer:

Well, thank you everyone. First of all, for your great comments, and it truly has been an honor to be a part of this group. Everyone has reflected upon breadth and the depth here at Ohio State and when I was appointed, I came in and realized that there were a lot of places that you could spend your energy and your time, and I realized that I was not going to be the whiz in medicine that Alan is or have a particularly deep background in accounting and finance, and I was, as I said last night, a graduate of the College of Arts and Sciences, and I was a history major and believe in the liberal arts education, and when I asked for and was appointed to the Academic and Student Affairs Committee, I immediately started to get engaged and spend time with the University, so much so that I was rewarded with the Committee chairmanship my second year on the Board of Academic and Student Affairs and held that position for four more years. I reflect back, as Ron said, you do not get to see the change but the amount of change and things that were initiated in that time are things that you would go back and think about. First, there was a debate, largely in the administration about whether or not to rebuild the Ohio Union and how big it should be, and I think our Committee was very instrumental in making sure the Ohio Union was built as a showpiece that it is today and move forward. We also instituted the first new housing construction project since the '70s with the William Hall complex that was built on South campus, and we started to institute the renovation of the south, well I guess I want to say remodeling of our south residence towers, which was frankly going nowhere until Dr. Gee got here, which is now a wonderful new complex, but we gave back to the students in that way. From an academic standpoint, we all get to focus on all the things that we think are big from a business standpoint, so when we go to build a hospital, it is getting a budget and putting it together and getting it approved and all of the processes that you need to do that. You have no idea how easy that is compared to getting the curriculum changed to reduce the number of hours that students must have to be from 192 to graduate to 181. That was one of the most personally challenging moments to go meeting after meeting with academics, and they are all wonderful, but my goodness it was very, very revealing. Not to mention then the switch from quarters to semesters, that was also initiated. It has not been completed yet. It started at the same time as the hour reduction but that only took four years. The quarters took eight. So, you can see that there is just a number of things that go on, from a student standpoint, that I think have a huge impact, and I am very, very proud to be involved in.

I have watched this Board evolve, watched the leadership change, watch the leadership grow. It is significantly better and the University itself is in a great position, going forward. Dr. Gee, as I said, you are, I believe, the best university president in the free world, and it has been an honor serving with you and serving with each and every one of you on this Board. It has been a pleasure and I consider you all friends. Thank you very much, and I will continue to be a part of Ohio State when I can. Thank you.

Dr. Gee:

Well, absolutely, Doug and Alex, I have expressed over the last 24 hours, my personal appreciation and deep affection for both of you, so I would just second that again.

There are so many things I could say. I would just like to reflect on the fact that I am grateful for the people for whom I work; the faculty, the staff, and the students. These have been extraordinarily challenging times, and I think that the senior leadership of this University will agree that our students, our faculty, our staff have been the margin of excellence. They have really worked very, very hard to make the kinds of changes and to work in a collaborative way to do what we are doing. There are a lot of institutions in this country in which there is such a strong division between aspirations and expectations in terms of the various groups you represent. I think that we should all recognize that.

The second thing is that all of our loving alumni, 507,000 now, we had 505,000 until two weeks ago, and many of whom write and tell me how to run the University. I am grateful for them; I really am for their enthusiasm. I am also grateful for the people for whom I work which are all of you, and I have always told you that I am fully cognizant of the fact that I work for you, and it is a privilege.

I think, Mr. Chairman, what I would like to note on today; we have had a series of meetings in which we have fully vetted and vented in terms of some of the issues that we are confronting, but I think we have done so within the lines of good governments, and I think that this is a tribute to you, and I think it is a tribute to everyone on this Board. I think that we are as well governed in terms of the way that we govern ourselves as any institution I see. When you go through good times, good governments prevail; it is easy. When you go through challenging times and good governments prevail, it is a remarkable tribute to the people around this table, and I really appreciate them.

Mr. Wexner:

To Alex and Doug, I think it is not retirement, and it is not graduation; it is commencement. I hope you think about today in those terms. It begins a different and hopefully more significant relationship with the University. I was thinking when we were talking about the improvements in radiology, and Dr. Chakravarti would not be here if he did not have the support of Dr. Gabbe, and Dr. Gabbe would not be here if not for Dr. Gee, and Dr. Gee probably would not be here but for Dr. Cloyd, and the Board picking Dr. Gee, and I think that what really struck me was the subject of leadership, and leadership is like the wind, you can't describe it sometimes, but you sure as hell feel it. When there is no wind, its calm, and you know it and when there is a strong wind you feel it, and I think we are very blessed to have that leadership. I think that leadership also comes from the Board. What the University should appreciate, we should appreciate collectively amongst ourselves is that, I think, we are not observers and critics but we are really engaged and participating in the University and my reflection in just listening to the committee reports and how many hours go into those meetings and things outside of the meetings, that engagement and participation of all the leaders is a significant positive differential, the time and energy that is put in and the quality of the work that comes out and the collaboration amongst ourselves with the administration.

The last thought is that it is tough some times because there is diversity of opinion, and I think that diversity of prospective is a very healthy thing as long as it is channeled through commonality of purpose, and I sense that there is a common purpose across the University, the Board, the administration, faculty, and students. Hopefully it is felt the same. We are in this together in working to make the University better and better. A lot of energy comes out of this year, these days, and I hope that we all feel that energy. It is difficult to get momentum and when you have it, you feel it. It is like the wind; maybe you can't measure it in human energy, but you sure as hell know when you have it,

**April 8, 2011 meeting, Board of Trustees**

and it is a fragile and wonderful thing. I am very appreciative and thank everyone. I think if there is no further business we can stand adjourned. Thank you.

Thereupon the Board adjourned to meet Friday, June 24, 2011 at William Oxley Thompson Library, Columbus, OH.

Attest:

Leslie H. Wexner  
Chairman

David O. Frantz  
Secretary



IMPACT STATEMENT

UNIVERSITY HOSPITALS  
MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS

Amendments Approved By:

University Hospitals Medical Staff Administrative Committee – January 12, 2011

University Hospitals Medical Staff – February 16, 2011

Professional Affairs Committee of The Ohio State University Medical Center Board – February 18, 2011

I. MEDICAL STAFF BYLAWS

- A. Updates and revisions to align bylaws with verbatim language of Joint Commission standards and CMS rules.
- B. Substantial updates and revisions to comply with new Joint Commission Medical Staff standards.
- C. Revisions to clarify medical staff appointments and re-appointments.
- D. Revisions to clarify focused professional practice evaluation and ongoing professional practice evaluation.
- E. Revisions to clarify when clinical privileges can lapse versus be suspended or terminated.
- F. Various updates, revisions and minor administrative corrections to align and reflect the recently revised Medical Center Board Bylaws and duties of the Professional Affairs Committee.
- G. Insertion of specific releases for sharing of quality and medical staff information within the Medical Center as well as with third party payors, regulating agencies, accreditation bodies and other health care entities.
- H. Updates and revisions to peer review bylaws in order to reflect current process and laws.
- I. Updates and revisions to leave of absence bylaws in order to reflect current process.
- J. Revisions to temporary and special clinical privileges to align with Joint Commission standards and reflect current process.
- K. Updates and revisions to further define roles and responsibilities of medical staff officers and department chairs.
- L. Updates and revisions to further define roles and responsibilities of medical staff committees and reflect current practices.
- M. Various minor administrative corrections throughout.

II. MEDICAL STAFF RULES AND REGULATIONS

- A. Updates and revisions to align with language of the Joint Commission standards and CMS rules.
- B. Updates and revisions in order to reflect changes for medical record entries and orders due to implementation of electronic systems.
- C. Updates and revisions to further define roles and responsibilities of medical staff, medical staff committees and reflect current practices.
- D. Various other minor administrative corrections.

Amendments to the *Bylaws of the Medical Staff*  
of The Ohio State University Hospitals

3335-43-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state medical center board for the quality of care provided to the patients of the Ohio state university hospitals, shall be:

Balance unchanged.

3335-43-03 Patients.

(A) and (B) no change.

- (C) All patients admitted to the Ohio state university hospitals should cooperate and be an integral part of the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's ~~next of kin, or guardian,~~ representative, refuse to participate or cooperate in the teaching program of the Ohio state university hospitals or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patient's representative, of their right to refuse participation. Students, including pre- and post-M.D., but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned upon admission to the Ohio state university hospitals or transfer within the Ohio state university hospitals' services. The Ohio state university hospitals respect the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's right to refuse care treatment and services, in accordance with law and regulation.

3335-43-04 Membership.

(A) Qualifications.

(1) no change.

- (2) All members of the medical staff of the Ohio state university hospitals shall, except as specifically provided in these bylaws, be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry, and shall, except for members of the limited staff, be duly licensed to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff shall comply with provisions of state law and the regulations of the state medical board. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their profession, dedication to educational and research-goals, and ability to work with others with sufficient adequacy to assure the medical center board and the board of trustees of the Ohio state university that any patient treated by them at university hospitals will be given the high quality of medical care provided at university hospitals, shall be qualified for membership on the medical staff of the Ohio state university hospitals.

All applicants for membership and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The chief medical officer of the medical center, medical directors, the department chairperson, the credentialing committee of the Ohio state university medical center board, or the Ohio state university medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant. All members of the medical staff comply with medical staff and the Ohio state university policies regarding employee and medical staff health and safety; uncompensated care; and will comply with appropriate administrative directives and policies to avoid disrupting those operations of the Ohio state university hospitals which adversely impact overall patient care or which adversely impact the ability of the Ohio state university hospitals employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff ~~will~~ shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the medical center board, including but not limited to policies on professionalism, disruptive behavior, annual education and training, conflict of interest, HIPPA compliance, and access and communication guidelines. Medical staff members ~~much~~ must also comply with the university integrity program requirements including but not limited to billing, self referral, ethical conduct and annual education.

- (3) Exclusion of any medical staff member or licensed health care professional from participation in any federal or state government program or suspension from participation, in whole or part, in any federal or state government reimbursement program, shall result in immediate ~~termination~~ lapse of membership on the medical staff of the Ohio state university hospitals and the immediate ~~termination~~ lapse of clinical privileges at the Ohio state university hospitals as of the effective date of the exclusion or suspension. If the medical staff member's or licensed health care professional's participation in these programs is fully reinstated, the affected medical staff member or licensed health care professional shall be eligible to apply for membership and clinical privileges at that time. It shall be the duty of all medical staff members and licensed health care professionals to promptly inform the ~~medical director~~ chief medical officer of any action taken, or the initiation of any process which could lead to such action taken by any of these programs.
- (4) An applicant for membership shall at the time of appointment or reappointment, be and remain board certified in his or her primary area of practice at the Ohio state university hospitals. This Board certification must be approved by at least one of the American board of medical specialties, or other applicable certifying boards, including certifying boards if applicable for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be and remain certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirements. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals. Waiver of this threshold eligibility criteria is as follows:

(a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden of demonstrating that his or her qualification are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.

(b) and (c) no change.

(d) The Ohio state medical center board's determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a "denial" of appointment or clinical privileges and does not give to a right to a hearing. ~~the~~ The prospective applicant who requested the waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted. Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.

(5) All applicants must demonstrate recent clinical activity in their primary area of practice during at least the last two of the last four years to satisfy minimum threshold criteria for privileges within their clinical departments.

(6) and (7) no change.

(B) Application for membership.

Initial application for medical staff membership for all categories of the medical staff shall be made by the applicant to the chief of the clinical department on forms prescribed by the medical staff administrative committee stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the applicant meets the qualifications outlined in paragraph (A) of this rule. The application shall include written statements of the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government-issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant shall agree that membership on the medical staff requires participation in the peer review process of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in this review process as long as the peer review was taken in the reasonable belief that it was in furtherment of quality health care based upon a reasonable review and appropriate procedural due process. In addition for community affiliate medical staff in order to optimize the clinical organization resource utilization and planning of the Ohio state university hospitals, the chief of the clinical department may require that the community affiliate medical staff member identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant, which shall be made a part of the application for appointment. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

- (C) Terms of appointment. Initial appointment to the medical staff shall be for a period not to exceed twenty-four months. During the first six months of the initial initial appointment, except for medical staff appointment appointments to the physician scholar medical or limited staff categories, without clinical privileges, appointees shall be provisional for six months regardless of the date of the appointment. During the period of the provisional appointment all applicants shall be subject to focused professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization continuous review and reconsideration pursuant to these bylaws. Full appointment FPPE requires the evaluation by of the chief of the clinical department with oversight by the credentials committee and the medical staff administrative committee. If, after Following the six-month FPPE period, the chief of the clinical department may: 1. does not recommend the provisional initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws for full appointment, the chief of the clinical department may recommend to the medical staff administrative committee to: 42. extend the provisional FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or 23. terminate the provisional initial appointee's medical staff membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against a an initial provisional appointee, the provisional initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) no change.

- (E) Procedure for appointment.

- (1) The written and signed application for membership on the medical staff shall be presented to the applicable chief of the clinical department. The applicant shall include in the application a signed statement indicating the following:

(a) through (f)

- (g) The applicant further agrees to disclose to the ~~medical director~~ chief medical officer of the Ohio state university hospitals the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

- (h) The applicant agrees that acceptance of membership on the medical staff of the Ohio state university hospitals authorizes the Ohio state university hospitals to conduct any appropriate health assessment including but not limited to drug or alcohol screens on a practitioner at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the ~~medical director~~ chief medical officer of the Ohio state university hospitals or their authorized designees.

- (2) The purpose of the health assessment shall be to ensure that the member of the medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the member is permitted to exercise by reason of medical staff membership. At If, at the time of the initial request for a health assessment, and at any time a medical staff member refuses to participate as needed in a health assessment, including but not limited to a drug or alcohol screening, ~~the chief of the clinical department or the medical~~

~~director may impose a summary suspension per paragraph (D) of rule 3335-43-05 of the Administrative Code~~ this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or medical center board, the applicant will ~~document~~ provide documentation the applicant's physical and mental status with sufficient adequacy to demonstrate that any patient treated by the applicant will receive care of a generally professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as a member of the medical staff.

- (3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the application is signed by the applicant and the information is verified. A completed application must contain:

(a) Peer recommendation from at least three individuals ~~knowledgeable with~~ "first-hand" knowledge about the applicant's clinical and professional skills.

(b) through (l) no change.

- (4) The chief of the applicable clinical department shall be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant by making inquiry of the primary source of such information and shall within thirty days of receipt of the complete application, submit a report of those findings along with a recommendation on membership and clinical privileges to the ~~medical director~~ chief medical officer of the Ohio state university hospitals.

- (5) The ~~medical director~~ chief medical officer shall receive all initial signed and verified applications from the chief of the clinical department and shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the professional affairs committee, and the medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information.

The ~~medical director~~ chief medical officer shall forward all complete applications to the credentials committee. The applicant shall have the burden of producing information for an adequate evaluation of applicant's qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn which action is not subject to hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.

If the chief of the applicable clinical department does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the ~~medical director~~ chief medical officer for presentation to the credentials committee on the same basis as other applicants.

- (6) Completed applications shall be acted upon as follows:

(a) By the credentials committee within thirty days after receipt of a

completed application from the ~~medical director~~ chief medical officer.

(b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report and recommendation of the credentials committee.

(c) no change.

All applications shall be acted upon by the Ohio state medical center board within one hundred twenty days of receipt of a completed application. These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-43-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

(7) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the chief of the clinical department's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications and ethical standing of the applicant and shall determine, through information contained in personal references and from other sources available to the credentials committee, including an appraisal from the chief of the clinical department in which clinical privileges are sought, whether the applicant has established and meets all of the necessary qualifications for the category of medical staff membership and clinical privileges requested.

The credentials committee shall, within thirty days from receipt of a complete application, make a recommendation to the ~~medical director~~ chief medical officer that the application be accepted, rejected, or modified. The ~~medical director~~ chief medical officer shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the ~~medical director~~ chief medical officer may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session. The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the ~~medical director~~ chief medical officer, along with the recommendation of the ~~medical director~~ chief medical officer to the professional affairs committee of the medical center board, and thereafter to the medical center board. When the Ohio state medical center board has acted, the chairperson of the board shall instruct the ~~medical director~~ chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.

(8) At any time the medical staff administrative committee first recommends non-appointment of an initial applicant for medical staff membership or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the ~~medical director~~ chief medical officer to notify the applicant by certified return receipt mail that the applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-43-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-43-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be

subject to the rights and responsibilities of rule 3335-43-06 of the Administrative Code. If an applicant fails to properly request a hearing, the medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

The final recommendation of the medical staff administrative committee shall be directly communicated to the medical center board by the ~~medical director~~ chief medical officer, who shall make a separate recommendation to the medical center board.

When the Ohio state medical center board has acted, the chairperson of the board shall instruct the ~~medical director~~ chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division. The chairperson of the board shall also notify the dean of the college of medicine and the chief executive officer of the Ohio state university hospitals of the decision of the board.

(F) Procedure for reappointment.

- (1) At least ninety days prior to the end of the medical staff member's appointment period, the chief of the clinical department shall provide each medical staff member with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee. The reappointment application shall include all information necessary to update and evaluate the qualifications of the medical staff member. The chief of the clinical department shall review the information available on each medical staff member, and the chief of the clinical department shall make recommendations regarding reappointment to the medical staff and for granting clinical privileges for the ensuing appointment period. The chief of the clinical department's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the ~~medical director~~ chief medical officer at least forty-five days prior to the end of the medical staff member's appointment period. The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Reappointment to the medical staff shall be done on a regular basis for a period not to exceed twenty-four months. Only completed applications for reappointment shall be considered by the credentials committee. An application for reappointment is complete when all the information requested on the reappointment application form is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application form must contain:

- ~~(a)~~ (b) Peer recommendation from an individual(s) knowledgeable about the applicant's clinical and professional skills when sufficient information concerning the applicant is not available within the clinical department.
- ~~(b)~~ (a) Evidence of required immunizations if applicable since last appointment.
- ~~(c)~~ (b) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges.
- ~~(d)~~ (c) Verification of primary source documentation of:
  - (i) through (v)
- ~~(e)~~ (d) Information from the national practitioner data bank.



- ~~(f)~~(e) Verification that the applicant has not been excluded from any federally funded health care program.
- ~~(g)~~(f) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines.
- ~~(h)~~(g) Specific requests for any changes in medical staff category.
- ~~(i)~~(h) A summary of the member's clinical activity during the previous appointment period.
- ~~(j)~~(i) Patterns of care as demonstrated through quality assurance records.
- ~~(k)~~(j) Verification of completion of annual educational requirement as set forth in the university integrity and HIPAA programs.
- ~~(l)~~(k) Complete disclosure by medical staff members of claims, suits, and settlements, if any.
- ~~(m)~~(l) Continuing medical education and applicable continuing professional education activities. Documentation of category one CME that at least in part relates to the individual medical staff member's specialty or sub-specialty area and are consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.

(2) no change.

- (3) The ~~medical director~~ chief medical officer shall forward the reappointment forms and the recommendations of the chief of the clinical department to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that the same level of quality of care is delivered by all medical staff members with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

The credentials committee shall forward its recommendations to the ~~medical director~~ chief medical officer at least thirty days prior to the end of the period of appointment. The ~~medical director~~ chief medical officer shall transmit the completed reappointment application and the recommendation of the credentials committee to the medical staff administrative committee.

Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic expiration of membership and all clinical privileges at the end of the medical staff member's current appointment period, which action shall not be subject to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically expired shall be processed as a new appointment.

Failure of the chief of the clinical department to act timely on an application for reappointment shall be the same as provided in paragraph (E)(5) of this rule.

- (4) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The medical staff administrative committee shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The recommendation of the medical staff administrative committee regarding reappointment of a member shall be communicated by the chief medical director officer, along with the recommendation of the chief medical director officer, to the professional affairs committee of the medical center board, and thereafter to the medical center board. When the Ohio state medical center board has acted, the chairperson of the board shall instruct the chief medical director officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.
- (5) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension or revocation of clinical privileges, the medical staff administrative committee shall instruct the chief medical director officer to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to paragraphs (A) and (B) of rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (D) of rule 3335-43-05 of the Administrative Code apply. The notice by the chief medical director officer shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.
- (6) and (7) no change.
- (G) Resumption of clinical activities following leave of absence.
  - (1) ~~A member of the medical staff who takes a leave of absence for medical reasons has the duty to disclose to his or her chief of clinical department and the medical director any medical leave of absence that may potentially impact his or her ability to discharge his or her clinical and teaching responsibilities. Upon return from a leave of absence for medical reasons the medical staff member must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity. The credentials committee, the medical director, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the committee for licensed independent practitioner health that might have a bearing on the medical staff member's ability to carry out the clinical and educational responsibilities for which the medical staff member is seeking privileges shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the chief medical officer. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the chief medical officer provided, however, such leave shall not extend beyond the term of the member's current appointment. A member of the medical staff who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the chief medical officer and the member shall be placed on immediate medical leave of absence until such time the member can~~

demonstrate to the satisfaction of the chief medical officer that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

- (2) The member must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and professional affairs committee of the medical center board. The credentials committee, the chief medical officer, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's treating physician or the committee for licensed independent practitioner health that might have a bearing on the medical staff member's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

- ~~(2)~~(3) All members of the medical staff who take a leave of absence for medical or non-medical reasons must be in good standing on the medical staff upon resumption of clinical activities. ~~The~~ No member shall be granted leave of absence in excess of his or her current appointment and the usual procedures for appointment and reappointment, including deadlines for submission of application as set forth in this rule, will apply irrespective of the nature of the leave. Absence extending beyond his or her current term or failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff, and in such event, the member shall not be entitled to a hearing or appeal.

#### 3335-43-05 Peer review and corrective action.

- (A) Informal peer review.

All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the Ohio state university hospitals. Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee. The practitioner evaluation committee chair or his or her designee will consult with the affected medical staff member and obtain information or opinions from knowledgeable persons within the medical center as well as external peer review consultants pursuant to criteria outlined in these bylaws. Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing. At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief, ~~who shall consult and~~ the chief medical ~~director~~ officer. The chief of the clinical department and the chief medical ~~director~~ shall evaluate the matter to determine the appropriate course of action. They may, as they deem necessary, consult with the affected medical staff member or obtain information or

~~opinions from knowledgeable persons within the medical center as well as outside consultants. At the conclusion of their evaluation, the chief of the clinical department and the medical director shall make an initial written determination on whether:~~

- (1) The matter warrants no further action;
- (2) Informal resolution under this paragraph is appropriate. The chief of the clinical department and the chief medical officer shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or
- (3) Formal peer review under paragraph (B) of this rule is warranted.

In cases where the chief of the clinical department and chief medical director officer cannot agree on the need for formal peer review, the matter shall be submitted for formal peer review and determined as set forth in paragraph (B) of this rule.

~~If the chief of the clinical department and the medical director determine that informal resolution is appropriate, they may consult with the medical staff member, make recommendations for educational actions of additional training, sharing of comparative data or monitoring, issue informal letters of warning or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing. The chief of the clinical department and the medical director shall determine whether it is appropriate to include documentation of such actions in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule.~~

(B) Formal peer review.

- (1) Formal peer review may be initiated when a member of the medical staff of the Ohio state university hospitals:

(a) through (f) no change.

Formal peer review may be initiated by a chief of a clinical department, the chief medical director officer, any member of the medical staff, the chief executive officer of the Ohio state university hospitals, the dean of the college of medicine, any member of the board of the Ohio state university hospitals, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the medical director, and shall specifically state the conduct or activities which constitute grounds for the requested action.

- (2) The chief medical director officer shall promptly deliver a written copy of the request for formal peer review to the affected member of the medical staff, in a confidential manner. The chief medical director officer shall then conduct a preliminary review to verify the facts related to the request for formal peer review,

and within thirty days, make a written determination. If the chief medical director officer decides that no further action is warranted, the chief medical director officer shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action will be taken.

- (3) Whenever the chief medical director officer determines that formal peer review is warranted, he or she shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings.
- (4) The senior vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the chief medical director officer under these rules for implementing corrective action and appellate procedure if:
  - (a) The chief medical director officer is the medical staff member charged;
  - (b) The chief medical director officer has a financial interest or a relationship with any person that may have an improper effect on the exercise of his or her judgment in the matter, or may be perceived to have such an effect.
- (5) no change.
- (6) Upon receipt of the written report and recommendation from the formal peer review committee, the chief of the clinical department shall, within seven days, make his or her own written recommendation for corrective action and forward that recommendation along with the findings and recommendations of the formal peer review committee to the chief medical director officer.
- (7) The chief medical director officer shall have ten days to decide whether to accept, reject or modify the recommendation of the chief of the clinical department. If the chief medical director officer decides the grounds are not substantiated, the chief medical director officer will notify the formal peer review committee, the chief of the clinical department, the person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

If the chief medical director officer finds the grounds for the requested corrective action are substantiated, the chief medical director officer shall promptly notify the affected medical staff member of that decision and the corrective action that will be taken. This notice shall advise the affected medical staff member of his or her right to request a hearing before the medical staff administrative committee pursuant to rule 3335-43-06 of the Administrative Code and shall also include a statement that failure to request a hearing in the timeframe prescribed in this rule shall constitute a waiver of rights to a hearing and to an appeal on the matter and the affected medical staff member shall also be given a copy of the rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the chief medical director officer shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

- (8) If the affected member of the medical staff does not make a written request for a hearing to the chief medical director officer within thirty-one days after receipt of

the adverse decision, he or she shall be deemed to have waived the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.

(9) no change.

(C) Composition of formal peer review committee.

(1) and (2) no change.

(3) An ~~outside~~ external peer review consultant may serve as a member of the ~~formal~~ peer review committee whenever:

- (a) A determination is made by the chief of the clinical department and the chief medical ~~director~~ officer that the clinical expertise needed to conduct the review is not available on the medical staff;
- (b) The objectivity of the review may be compromised; or
- (c) Whenever the chief medical ~~director~~ officer determines that an outside review is otherwise advisable.

If an outside reviewer is recommended, the chief of the clinical department shall make a written recommendation to the chief medical ~~director~~ officer for selection of an outside reviewer. The chief medical ~~director~~ officer shall make the final selection of an outside reviewer.

(D) Summary suspension.

- (1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of his or her clinical privileges suspended or appointment terminated by the chief medical ~~director~~ officer or the chief of the member's clinical department whenever such action must be taken immediately ~~in the best interest of patient care when there is imminent danger to patients or to the patient care operations.~~ Such summary suspension shall become effective immediately upon imposition and the medical staff member shall be subsequently notified in writing of the suspension by the chief medical ~~director~~ officer. Such notice shall be issued by certified return mail to the affected medical staff member's last known address as determined by university records.
- (2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to a hearing and appeal of the suspension pursuant to rule 3335-43-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief medical ~~director~~ officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter. If a timely, written request for a hearing is made, the procedures of rule 3335-43-06 of the Administrative Code shall apply.
- (3) Immediately upon the imposition of a summary suspension, the chief medical ~~director~~ officer or the appropriate chief of a clinical department shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the Ohio state university hospitals at the time of suspension. The wishes of the patient shall be

considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension.

- (1) Notwithstanding the provisions of this rule, a temporary ~~suspension in the form of withdrawal~~ lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief medical director officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff. The chief medical director officer shall notify the chief executive officer of the Ohio state university hospitals of the action taken.

(2) through (9) no change.

(F) Reporting responsibility.

When a decision on corrective action is taken which constitutes a "formal disciplinary action" as may be defined in Ohio state law, or as may be required to be reported pursuant to federal law, including the health care quality improvement act, the chief medical director officer shall ensure that a report of said action is made in order to maintain compliance with applicable state or federal law or regulations. The chief medical director officer shall ensure that such reports are amended as may be required to reflect subsequent actions taken under the hearing and appeal rights afforded in these bylaws.

When applicable, any recommendations or actions that are the result of a review or hearing and appeal shall be monitored by the chief medical director officer on an ongoing basis through the Ohio state university hospitals' quality management activities.

3335-43-06 Hearing and appeal process.

(A) Right to hearing and to an appeal.

(1) and (2) no change.

(B) Request for hearing.

- (1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief medical director officer within thirty-one days of notification by the chief medical director officer of the intended action. The chief medical director officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.
- (2) The failure of a medical staff member to request a hearing, to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the right to any review by the medical staff administrative committee. The chief medical director officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Ohio state medical center board as provided for in paragraph (F) of rule 3335-43-05 of the Administrative Code. The chief medical director officer shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

- (1) After receipt of a timely request for hearing by the chief medical director officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief medical director officer and shall at the next scheduled meeting take the following action:
  - (a) Instruct the chief medical director officer and chief of staff to jointly appoint within seven days a hearing committee, consisting of five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the formal peer review of the matter under consideration.
  - (b) Instruct the hearing committee to schedule and arrange for a hearing which ~~hearing, or initial hearing, should more than one hearing be required,~~ shall be conducted not less than thirty days nor more than sixty days from the date of the receipt of the request for hearing by the chief medical director officer; provided, however, that a hearing for a medical staff member who is under suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

(2) no change.

(D) Conduct of hearing.

- (1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination. The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than four members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

(2) through (8) no change.

- (9) The medical staff administrative committee shall submit a written report, including its recommendation to the chairperson of the medical center board within fourteen days of the final vote by the medical staff administrative committee. An adverse action which must be reported to the state medical board or the federal government, including the national practitioner data bank, shall entitle an affected medical staff member to the procedures of this rule. The affected member of the



medical staff shall be notified of the decision of the medical staff administrative committee by the chief medical director officer.

(10) no change.

(11) The recommendation of the professional affairs committee shall be promptly considered by the medical center board, at its next scheduled meeting. The medical center board, ~~or the executive committee of the university hospitals board,~~ may accept, reject, or modify the recommendation of the professional affairs committee. The medical center board may remand the matter back to the medical staff administrative committee for further action as directed.

(12) no change.

(E) Appeal process.

(1) through (6) no change.

(7) Any final decision by the medical center board shall be communicated by the chief medical director officer and by certified return receipt mail to the affected medical staff member at that member's last known address as determined by university records. The chief medical director officer shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services, chief of staff, the chief of the clinical department, and the person(s) who initiated the request for formal peer review. The chief medical director officer shall take immediate steps to implement the final decision.

#### 3335-43-07 Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into six categories: physician scholar medical staff; attending medical staff; courtesy A medical staff; courtesy B medical staff; community affiliate medical staff; and limited staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration and demonstration of recent active clinical practice during the last two years, but are otherwise subject to the provisions of these bylaws.

(A) Physician scholar medical staff.

(1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the ~~medical director~~ chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.

(2) no change.

(B) no change

(C) Courtesy A medical staff.

(1) no change.

(2) Prerogatives:

The courtesy A medical staff may:

- (a) Exercise such clinical privileges as are granted pursuant to these bylaws.
- (b) Admit, consistent with their clinical privileges, patients who complement the clinical teaching program. ~~At times when inpatient beds at the Ohio state university hospitals or other resources are in short supply, patient admissions of courtesy A medical staff shall be subordinate to those of attending medical staff.~~
- (c) no change.

(3) no change.

(D) Courtesy B medical staff.

- (1) Qualifications: The courtesy B medical staff shall consist of those faculty members of the colleges of medicine and dentistry who do not qualify for attending medical staff appointment. This category is comprised of referring physicians who desire to be associated with the Ohio state university hospitals to refer and follow patients. Courtesy B medical staff members shall not possess clinical privileges, shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, and shall not be eligible to hold office.

(2) and (3) no change.

(E) Limited staff.

Limited staff are not considered full members of the medical staff, do not have delineated clinical privileges and do not have the right to vote in general medical staff elections. Except where expressly stated, members of the limited staff are bound by the terms of these bylaws, the rules and regulations of the medical staff, and the limited staff agreement.

(1) Qualifications:

- (a) through (c) no change.

(2) Responsibilities:

Each member of the limited staff shall:

- (a) Through (f) no change.

(3) No change.

(4) Temporary appointments.

- (a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the medical director associate dean for graduate medical education, when it is necessary for the limited staff member to begin his

or her training program prior to or extend his or her training program beyond a regular appointment period. These appointments shall not exceed sixty days.

(b) no change.

(5) No change.

(F) Community affiliate medical staff.

This is a closed medical staff category that was created as a onetime grandfathering category for medical staff members of the Ohio state university hospitals east prior to July 1, 2007.

(1) Qualifications: Community affiliate medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who:

(a) Do not qualify for an attending medical staff appointment; and

(b) ~~Are either current members of the Ohio state university hospitals east medical staff or~~ community affiliate members seeking reappointment; and

(c) Satisfy the requirements and qualifications set forth in rule 3335-43-04 of the Administrative Code and are already appointed to the community affiliate medical staff pursuant to these bylaws.

A community affiliate medical staff member shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff. Community affiliate medical staff members shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph. The community affiliate medical staff member shall not be required to obtain appointment to the faculty of the Ohio state university. The community affiliate medical staff member shall not be subject to the requirement for board certification within the community affiliate medical staff member's respective area of practice if that requirement was waived when he or she became a member of the Ohio state university east medical staff. Teaching and research accomplishments shall not be required in determining the qualifications of applicants to this category of the medical staff.

To optimize the clinical organization, resource utilization, and planning of the hospitals, the chief of the clinical department may require that the applicant for community affiliate medical staff membership to identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant which will be made a part of the application for appointment.

(2) Prerogatives:

A community affiliate medical staff member may:

(a) Admit patients consistent with the limitations of bed and service allocations established by the medical director and approved by the medical staff administrative committee, and the medical center board. ~~At times when inpatient beds or other resources are in short supply, patient~~

~~admissions of community affiliate medical staff shall be subordinate to those of attending medical staff.~~ If, in the judgment of the medical director, a balanced teaching program is jeopardized, following consultation with the chief of the clinical department, and with the concurrence of a majority of the medical staff administrative committee, the medical director may restrict admissions of members of the community affiliate medical staff. Patients admitted under the care of the community affiliate medical staff will not be required to participate in the educational mission of the Ohio state university hospitals. Ordinarily, no coverage by the limited medical staff will be afforded, with the exception of emergency medical services.

(b) and (c) no change.

(3) Responsibilities:

Each member of the community affiliate medical staff shall:

(a) and (b) no change.

(c) Not be eligible to vote on medical staff policies, rules and regulations, or bylaws or to hold office. ~~The community affiliate medical staff member may vote for and be eligible to hold the position on the medical staff administrative committee reserved for the representative of the courtesy A and community affiliate medical staff as set forth in paragraph (D) of rule 3335-43-09 and paragraph (C) of rule 3335-43-10 of the Administrative Code.~~ Members of the community affiliate medical staff may serve on non-elected medical staff committees as provided by these bylaws.

(d) no change.

(G) Clinical privileges.

(1) Delineation of clinical privileges:

(a) Every person practicing at the Ohio state university hospitals by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed health care professional by the Ohio state medical center board after recommendation from the medical staff administrative committee.

Each clinical department shall develop specific clinical criteria and standards for the evaluation of clinical privileges with emphasis on invasive or therapeutic procedures or treatment which present significant risk to the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the medical center board.

(b) no change.

(c) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the chief medical ~~director~~ officer. Requests for clinical

privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information, including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible the review should be of primary source information. The applicant shall have the burden of establishing the applicant's qualifications and competency in clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.

(d) no change.

(e) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioners'

(f) Upon resignation, termination or expiration of the medical staff member's faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.

(g) Medical staff members authorize the Ohio state university hospitals and clinics to share credentialing, quality and peer review information pertaining to the medical staff member's clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member's medical staff appointment to the medical staff of the Ohio state university hospitals.

(h) Medical staff members authorize the Ohio state university hospitals to release information, in good faith and without malice, to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purpose of evaluating the medical staff member's qualifications pursuant to a request for appointment, clinical privileges, participation or other credentialing or quality matters.

(2) Temporary privileges:

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed health care professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department, and approval by the chief medical director officer. The chief medical director officer, acting as a member and on behalf of the medical center board, has been delegated responsibility by the medical center board to grant approval of temporary privileges. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient-care need, and shall ~~not~~ be granted for a period of ~~more than ninety~~ not to exceed one hundred twenty (120) days.

(b) Temporary privileges may be extended to visiting medical faculty or for

special activity as provided by the Ohio state medical or dental board.

- (c) Temporary privileges granted for locum tenens may be exercised for a maximum of ninety (90) days, consecutive or not, any time during the twenty-four (24) month period following the date they are granted.
- (d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.
- (e) Special privileges. Upon receipt of a written request for specific temporary privileges and the approval of the clinical department chief and the chief medical officer, an appropriately licensed practitioner of documented competence, who is not an applicant for medical staff membership may be granted special privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in these bylaws.
- (f) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.
- (g) The temporary and special privileges must be in conformity with accrediting bodies' standards and the rules and regulations of the professional boards of Ohio.

(3) Expedited privileges.

If the medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, applicants may be granted expedited privileges by ~~a subcommittee~~ the professional affairs committee of the medical center board ~~consisting of two voting members of the board, the medical director and the chief of staff pursuant to medical staff policy and the medical center board resolution.~~ Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgement against the applicant or a challenge by a state licensing board.

(4) Podiatric privileges:

(a) through (d) no change.

(5) Psychology privileges.

(a) through (c) no change.

(6) Dental privileges.

(a) through (c) no change.

(7) Oral and maxillofacial surgical privileges.

All patients admitted to the Ohio state university hospitals for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Other licensed health care professionals.

- (a) Clinical privileges may be exercised by licensed health care professionals who are duly licensed in the state of Ohio, and who are either:
  - (i) Members of the faculty of the Ohio state university, or
  - (ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or
  - (iii) Employees or members of the medical staff.
- (b) A licensed health care professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed health care professionals may perform all or part of the medical history and physical examination of a patient. Licensed health care professionals with privileges are subject o FPPO and OPPE.
- (c) Licensed health care professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-43-04 of the Administrative Code subject to the provisions of paragraph (G)(8) of this rule.
- (d) Licensed health care professionals are not members of the medical staff, shall have no authority to admit or co-admit patients to the Ohio state university hospitals, and shall not be eligible to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.
- (e) Each licensed health care professional shall be individually assigned to a clinical department and shall be sponsored by one or more members of the medical staff. The licensed health care professional's clinical privileges are contingent upon the sponsoring medical staff member's privileges. In the event that the sponsoring medical staff member loses privileges or resigns, the licensed health care professionals whom he or she has sponsored shall be placed on administrative hold until another sponsoring medical staff member is assigned. The new sponsoring medical staff member must be assigned in less than thirty days.

- (f) Licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.
- (g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed health care professional:
  - (i) Current license, certification, or other legal credential required by Ohio law.
  - (ii) Certificate of authority, standard care agreement, or utilization plan.
  - (iii) Education, training, professional background and experience, and professional competence.
  - (iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed health care professional subcommittee and the quality management department.
  - (v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law.
  - (vi) Evidence of required immunization.
  - (vii) Evidence of good personal and professional reputation as established by peer recommendations.
  - (viii) Satisfactory physical and mental health to perform requested clinical privileges.
  - (xi) Ability to work with members of the medical staff and the Ohio state university hospitals employees.
- (h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the Ohio state university hospitals that any patient cared for by the licensed health care professional seeking clinical privileges shall be given quality care, and that the efficient operation of the Ohio state university hospitals will not be disrupted by the applicant's care of patients in the Ohio state university hospitals.
- (i) By applying for clinical privileges as a licensed health care professional, the applicant agrees to the following terms and conditions:
  - (i) The applicant has read the bylaws and rules and regulations of the medical staff of the Ohio state university hospitals and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable Ohio state university hospitals policies that the Ohio state university hospitals may from time to time put into effect.



- (ii) The applicant releases from liability all individuals and organizations who provide information to the Ohio state university hospitals regarding the applicant and all members of the medical staff, the Ohio state university hospitals staff, the Ohio state medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant.
  - (iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the Ohio state university hospitals.
  - (iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed health care professional is a member of the medical staff.
  - (v) The applicant shall not perform any patient care in the Ohio state university hospitals that is not permitted under the applicant's license, certification, or other legal credential required under Ohio law.
  - (vi) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.
- (j) Licensed health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. ~~Corrective action~~ Review may be requested by any member of the medical staff, a chief of the clinical department, or by the ~~medical director~~ chief quality officer or his or her designee. All requests shall be in writing and shall be submitted to the ~~medical director~~ chief quality officer. The ~~medical director~~ chief quality officer shall appoint a three-person committee to review and make recommendations concerning appropriate ~~corrective action~~. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the ~~medical director~~ chief quality officer, who may accept, reject, or modify the recommendation. The chief quality officer forwards his or her recommendation to the chief medical officer for final determination.
- (k) Appeal process.
- (i) A licensed health care professional may submit a notice of appeal to the chairperson of the ~~Ohio state medical center board~~ professional affairs committee within fourteen days of receipt of written notice of any adverse corrective action pursuant to ~~paragraph (E)(8)(j) of this rule~~ these bylaws.
  - (ii) If an appeal is not so requested within the fourteen-day period, the licensed health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the ~~chief medical director~~ officer.
  - (iii) The appellate review shall be conducted ~~on the record~~ by the

~~professional affairs committee of the Ohio state medical center board~~ the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed health care professional under review. The licensed health care professional under review shall have the opportunity to present any additional information deemed relevant to the review and appeal of the decision.

- (iv) The affected licensed health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the ~~medical director~~ chief quality officer. The licensed health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the ~~professional affairs review~~ committee no later than seven days following the date of the licensed health care professional's notice of appeal.
- (v) New or additional matters shall only be considered on appeal at the sole discretion of the professional affairs committee.
- (vi) Within thirty days following submission of the written statement by the licensed health care professional, ~~the professional affairs committee~~ the chief of staff shall make a final recommendation to the chair of the professional affairs committee of the medical center board. The professional affairs committee of the medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state medical center board ~~executive committee~~ that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the ~~medical director review committee~~ for further review and recommendation. Such referral to the ~~medical director review committee~~ may include a request for further investigation.
- (vii) Any final decision by the medical center board shall be communicated by the ~~medical director~~ chief quality officer and by certified return receipt mail to the last known address of the licensed health care professional as determined by university records. The ~~medical director~~ chief quality officer shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services and the chief of the applicable clinical department or departments. The ~~medical director~~ chief medical officer shall take immediate steps to implement the final decision.
- (l) ~~A medical staff member may employ or utilize the services of a non-licensed health care professional, professional assistant in the administration of patient care if this assistant has a defined job description, has received credentials review and approval by the~~

~~appropriate hospital reviewing body, and is operating within existing standards, policies, and procedures of the Ohio state university hospitals. The medical staff member shall be responsible for all patient care activities performed on the medical staff member's behalf.~~

(9) Emergency privileges.

In case of an emergency, any member of the medical staff to the degree permitted by the member's license and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the Ohio state university hospitals necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition which would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(10) Disaster privileges.

Disaster privileges may be granted in order to provide voluntary services during a local, state, or national disaster in accordance with hospital/medical staff policy and only when the following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the chief medical director officer or his or her designee to fully licensed, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the chief medical director officer.

(11) Telemedicine.

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Diagnosis and treatment of a patient may now be performed via telemedicine link.

(a) A member of the medical staff who wants to render care via telemedicine must so indicate on his or her application for clinical privileges.

(b) ~~Generally, a~~ A member of the medical staff ~~will be entitled to~~ may request to exercise via telemedicine the same clinical privileges ~~via telemedicine for which he or she has already been granted privileges.~~ The credentials committee, the chief of the clinical service, the chief medical director officer, ~~or~~ the medical staff administrative committee, and the medical center board shall have the prerogative of requiring documentation or making a determination of the appropriateness for the exercise of a particular specialty/sub-specialty via telemedicine.

3335-43-08 Organization of the medical staff.

(A) Each member of the attending medical, courtesy A and B medical, community affiliate medical, limited, and physician scholar medical staff shall be assigned to a clinical department and division, if applicable, upon the recommendation of the applicable chief of the clinical department.

- (B) Names of clinical departments and divisions.
- (1) Anesthesiology
  - (2) Emergency medicine
  - (3) Family medicine
    - Sports medicine
  - (4) Internal medicine. The following divisions are designated:
    - Cardiovascular medicine
    - Dermatology
    - Endocrinology, diabetes and metabolism
    - Gastroenterology, hepatology and nutrition
    - General internal medicine and geriatrics
    - Hematology
    - Hospital medicine
    - Human genetics
    - Infectious diseases
    - Medical oncology
    - Nephrology
    - Pulmonary, allergy, critical care and sleep medicine
    - Rheumatology - immunology
  - (5) Neurological surgery
  - (6) Neurology
    - Cognitive neurology
    - Electrodiagnostics
    - Epilepsy
    - General neurology
    - Multiple sclerosis and neuroimmunology
    - Neuromuscular disease
    - Neurooncology
    - Sleep
    - Stroke
  - (7) Obstetrics and gynecology. The following divisions are designated:
    - General obstetrics and gynecology
    - Maternal - fetal medicine
    - Female pelvic medicine and reconstructive surgery
    - Gynecologic oncology
    - Reproductive endocrinology and infertility
  - (8) Ophthalmology
  - (9) Orthopaedics
    - Podiatry
    - Sports medicine
  - (10) Otorhinolaryngology

(11) Pathology. The following divisions are designated:

Anatomic pathology  
Clinical pathology

(12) Pediatrics. The following divisions are designated:

Ambulatory pediatrics  
Adolescent medicine  
Allergy  
Biochemical disorders  
Cardiology  
Clinical genetics  
Dermatology  
Endocrinology/metabolism  
Gastroenterology  
General pediatrics  
Handicapped child  
Hematology/oncology  
Infectious diseases  
Neonatology  
Nephrology  
Neurology  
Nutrition  
Pediatric education/research and evaluation  
Pharmacology/toxicology  
Psychology  
Pulmonary

(13) Physical medicine and rehabilitation. The following division is designated:

Pediatric physical medicine and rehabilitation  
Rehabilitation psychology

(14) Plastic surgery

(15) Psychiatry. The following divisions are designated:

General psychiatry  
Child psychiatry  
Geriatric psychiatry  
Health psychology

~~(15)~~(16) Radiation oncology.  
Pediatric radiation oncology

~~(16)~~(17) Radiology. The following divisions are designated:

Diagnostic radiology  
Nuclear medicine

~~(17)~~(18) Surgery. The following divisions are designated:

Cardiac surgery  
General and gastrointestinal surgery  
Pediatric surgery  
~~Plastic surgery~~

Surgical oncology  
Thoracic and cardiovascular surgery  
Transplant  
Trauma, critical care and burn  
Vascular diseases and surgery

~~(18)~~(19) Urology.

~~(19)~~(20) Dentistry. The following divisions are designated:

General dentistry  
Oral and maxillofacial surgery

(C) The directors of the divisions in the Ohio state university hospitals shall be appointed by the chiefs of the clinical departments in the Ohio state university hospitals in which the divisions are included. Clinical divisions may be added or deleted upon the recommendation of the chief of the clinical department with the concurrence of a majority of the medical staff administrative committee.

(D) Qualifications and responsibilities of the chief of the clinical department.

The academic department chairperson shall ordinarily serve also as the chief of the clinical department. Each chief of the clinical department shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each chief of the clinical department must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the college of medicine or dentistry. Qualifications for chief of the clinical department generally shall include: recognized clinical competence, sound judgment and well-developed administrative skills.

(1) Procedure for appointment and reappointment of the chief of the clinical department.

Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective college of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical director or officer.

(2) Term of appointment of the chief of the clinical department.

The term of appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(1) of this rule.

(3) Duties of the chief of the clinical department.

Each chief of the clinical department ~~shall~~ is responsible for the following:

~~(a) Be accountable for all clinical professional and administrative activities within the clinical department.~~

~~(b) Maintain continuing review of the professional performance of all medical staff members and other licensed health care professionals with clinical privileges within the clinical department. Determine the qualifications and~~

~~competence of all personnel who are not independent practitioners who provide patient care within the clinical department. Provide for the orientation and continuing education of all persons in the clinical department.~~

~~(c) Conduct a periodic review, at least every four years, of the clinical performance of each clinical division director.~~

~~(d) Make recommendations to the credentials committee regarding the criteria for membership on the medical staff and for the delineation of clinical privileges in the clinical department and continuously review, at least biennially, the clinical privilege delineation form for adjustments to services.~~

~~(e) Review the clinical performance including the physical and mental health of all medical staff members and other licensed health care professionals of the clinical department in accordance with these bylaws and make recommendations for appointment and reappointment to the medical staff and for clinical privileges for each medical staff member of the clinical department.~~

~~(f) Be responsible for the enforcement within the clinical department of these bylaws, rules and regulations of the Ohio state university hospitals.~~

~~(g) Be responsible for the maintenance of quality control programs and assure that the quality and the appropriateness of patient care within the clinical department is continually monitored and evaluated according to the clinical department's and the Ohio state university hospitals' quality criteria.~~

~~(h) Make recommendations, at least annually, to the medical director on the space and resource needs of the clinical department, including off-site space and resources needed for patient care which is not currently available.~~

(a) Clinically related activities of the department;

(b) Administratively related activities of the department, unless otherwise provided by the hospital;

(c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;

(d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;

(e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;

(f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the hospital;

(g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's

mission and plan for clinical program development.

- (h) The coordination and integration of interdepartment and intradepartmental services;
- (i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;
- (j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (k) The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (l) The continuous assessment and improvement of the quality of care, treatment, and services;
- (m) The maintenance of quality control programs, as appropriate;
- (n) The orientation and continuing education of all persons in the department or service;
- (o) Recommending space and other resources needed by the department or service; and
- ~~(p) Hold monthly clinical department meetings or insure that monthly clinical division meetings are held. In clinical departments with monthly clinical division meetings, the chief of the clinical department must hold clinical department meetings at least quarterly. And ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of departmental meetings, including a record of attendance, shall be electronically available and/or distributed to all medical staff members in the clinical department, and such minutes shall be kept in the clinical department and the medical director's office.~~
- ~~(j) Develop and implement policies that guide and support the provision of department services and make recommendations on the proper number of qualified and competent persons needed to provide care within the service needs of the clinical department.~~
- ~~(k) Provide for the integration of the clinical department and its services into the primary functions of the Ohio state university hospitals and coordinate interdepartmental and intradepartmental services.~~

3335-43-09 Elected officers of the medical staff of the Ohio state university hospitals.

(A) Chief of staff.



The chief of staff shall:

- (1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of that board.
  - (2) Serve as vice chairperson of the medical staff administrative committee.
  - (3) Provide for communication between the medical staff and the Ohio state medical center board in matters of quality of care, education, and research.
  - (4) Serve as liaison between the Ohio state university hospitals administration, medical administration, and the medical staff in all matters of mutual concern within the Ohio state university hospitals. In consultation with the ~~medical director~~ medical directors and the chief medical officer, seek to ensure that the medical staff is represented and participates as appropriate in any Ohio state university hospitals deliberation which affects the discharge of medical staff responsibilities.
  - (5) Call, preside, and be responsible for the agenda of all general medical staff meetings.
  - (6) Make medical staff committee appointments jointly with the ~~medical director~~ medical directors and chief of staff-elect in consultation with the chief executive officer of the Ohio state university hospitals and with the approval of the medical center board, with the exception of the members of the medical staff administrative committee and nominating committee.
  - (7) ~~Fill any vacancy which occurs in the position of courtesy or community affiliate medical staff representative to the medical staff administrative committee.~~
  - ~~(8)~~(7) Be spokesperson for the medical staff in its external professional and public relations.
  - ~~(9)~~(8) Be representative to the council of the academy of medicine of the city of Columbus and Franklin county, or select a representative to serve on the council.
  - (9) Serve as chairperson of the nominating committee of the medical staff.
  - (10) Hold regular meetings of the elected medical staff officers, representatives from medical staff committees, the chief executive officer, the chief nursing officer and medical directors.
- (B) Chief of staff-elect.

The chief of staff-elect shall:

- (1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.
- (2) ~~Serve as chairperson of the nominating committee of the medical staff.~~
- ~~(3)~~ Carry out all the duties of the chief of staff when the chief of staff is unable to do so.
- ~~(4)~~(3) ~~Keep records of all meetings of the medical staff and oversee~~ Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

(C) Representatives of the medical staff elected at-large.

(1) There shall be three medical staff representatives elected at-large. Each representative shall be a member of the medical staff administrative committee and shall serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.

~~(2) Each representative shall have responsibility for a group of medical staff committees, as defined in the rules and regulations.~~

~~(D) Representative of the courtesy A or community affiliate medical staff.~~

~~(1) There shall be a member of the courtesy A or community affiliate medical staff, elected solely by courtesy A and community affiliate medical staff members, who shall serve on the medical staff administrative committee as provided by paragraph (C) of rule 3335-43-10 of the Administrative Code.~~

~~(2) The courtesy A or community affiliate medical staff member representative shall be selected from written or electronic nominations made by members of the courtesy A and community affiliate medical staff. Nominees shall be submitted in writing or electronically to all members of the courtesy A and community affiliate medical staff for voting no later than March first of the election year.~~

~~(3) The representative so elected will serve a two-year term beginning July first, and the representative may serve for a total of three successive terms if so elected. Upon completion of three successive terms, a representative may not serve again without a period of two years out of office.~~

~~(4) Any vacancy shall be filled from among the membership of the courtesy A and community affiliate medical staff by the chief of staff. The member so appointed shall serve until the next scheduled election, unless removed by a majority vote upon written ballot of the courtesy A medical staff. Grounds for removal shall be the same as referenced in paragraph (F)(6) of this rule.~~

~~(5) No other provisions of this rule shall apply to the courtesy A medical staff representative. Members of the courtesy A and the community affiliate medical staff shall not be eligible to vote for or hold other elected office in the medical staff organization.~~

~~(E)~~(D) Qualifications of officers.

(1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) The medical director, associate medical directors, assistant medical directors and chiefs of the clinical departments shall not be eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their Ohio state university hospitals administrative role during the period of their term of office.

~~(F)~~(E) Election of officers.

(1) All officers (other than at-large officers) shall be elected by a majority of those voting by written or electronic ballot of the attending staff.

- (2) The nominating committee shall be composed of five members. The chief of staff ~~and the chief of staff-elect~~ shall serve on the committee and shall select ~~three~~ four other members for the committee. The chief of staff-elect shall be its chairperson.
- (3) Nominations for officers shall be accepted from any member of the medical staff and shall be submitted either electronically or in writing to the nominating committee.
- (4) The committee's nominees shall be submitted to all voting members of the attending staff no later than March first of the election year.
- (5) Candidates for the office of chief of staff-elect shall be listed and each attending staff member shall be entitled to cast one vote. Candidates for the at-large positions shall be voted upon as a group. Each voting member of the attending staff shall be entitled to vote for three at-large candidates. The three candidates with the highest number of votes shall be elected. A majority of the votes shall not be necessary.
- (6) ~~Grounds for removal of an elected medical staff officer shall be malfeasance, misfeasance, or nonfeasance in office as documented by written charges submitted to the chief of staff, or to the medical director if charges are filed against the chief of staff. An officer may be removed from the elected position by a majority vote upon written or electronic ballot of the attending staff following a regularly scheduled meeting or a meeting scheduled for that purpose. Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the Ohio state medical center, its goals and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.~~

~~(G)~~(F) Term of office.

- (1) The chief of staff and chief of staff-elect shall each serve two years in office beginning on July first. The chief of staff-elect shall be elected in the odd numbered years. A former chief of staff may not succeed the immediately preceding chief of staff-elect.
- (2) The at-large representatives shall each serve two years, beginning July first. The at-large representatives may succeed themselves for three successive terms (six years total), if so elected. Upon completion of the three successive terms, the representative may not serve again without a period of two years out of office as an at-large representative. The representative may be elected chief of staff-elect at any time.

~~(H)~~(G) Vacancies in office.

- (1) A vacancy in the office of chief of staff shall be filled by the chief of staff-elect. If the unexpired term is one year or less, the new chief of staff shall serve out the remaining term in office and shall then serve as chief of staff for the term for which elected. If the unexpired term is more than one year, the new chief of staff shall serve out the remaining term only.
- (2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of the vacancy by the nominating and election process set

forth in paragraph (F) of this rule. The new chief of staff-elect shall become chief of staff at the end of the term of the incumbent.

- (3) Vacancies in the at-large representatives and courtesy A and the community affiliate medical staff positions shall be filled by appointment by the chief of staff.

3335-43-10 Administration of the medical staff of the Ohio state university hospitals.

(A) Chief medical officer.

The chief medical officer is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state medical board bylaws.

(B) Chief quality officer.

The chief quality and patient safety officer of the Ohio state university medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer and works collaboratively with clinical leadership of the medical center, including the director of medical affairs for the James cancer hospital, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

Medical ~~director~~ directors.

The medical director shall be a physician and shall be a member of the attending medical staff at the Ohio state university hospitals. The medical directors of the hospitals of the Ohio state university report to the chief executive officer or the executive director of the respective hospital and chief medical officer. Each medical director will collaborate with the chief quality officer, the chief medical officer and the clinical department chiefs to develop, execute and monitor the quality and safety programs of the hospital. The appointment, scope of authority, and responsibilities of the medical ~~director~~ directors for the Ohio state university hospitals shall be as further outlined in the Ohio state medical center board bylaws.

(B) Medical staff committees.

(1) Appointments:

Appointments to all medical staff committees except the medical staff administrative committee, nominating committee and all health system committees, shall be made jointly by the chief of staff, chief of staff-elect, and the medical ~~director~~ directors with medical staff administrative committee ratification. Representatives from the Ohio state university hospitals to health system committees shall be appointed jointly by the chief medical officer of the health system and the medical director. Unless otherwise provided by these bylaws, all appointments to medical staff committees shall be for one year and may be renewed. The chief of staff, chief medical officer, medical director, and the chief executive officer of the Ohio state university hospitals may serve on any medical

staff committee as an ex-officio member without vote.

(2) Meetings:

Each medical staff committee shall meet at the call of its chairperson and at least quarterly. Committees shall maintain records of proceedings and minutes of meetings and shall forward all recommendations and actions taken to the chief medical director officer who shall promptly communicate them to the medical staff administrative committee. The chairperson shall control the committee agenda, attendance of staff and guests, and conduct of the proceedings. A simple majority of appointed voting members shall constitute a quorum.

(3) Peer review committees:

The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and/or monitoring the quality and utilization of patient care services provided by the Ohio state university hospitals.

(C) Medical staff administrative committee:

(1) Composition.

- (a) This committee shall consist of the following voting members: chief of staff, chief of staff-elect, chiefs of the clinical departments, three medical staff representatives elected at large, ~~one medical courtesy A or the community affiliate medical staff representative~~ chief medical director officer, the medical director, and the chief executive officer of the Ohio state university hospitals. Additional members may be appointed to the medical staff administrative committee at the recommendation of the dean or the chief medical officer of the OSU health system subject to the approval of the medical staff administrative committee and subject to review/renewal on a yearly basis. The chief medical director officer shall be the chairperson and the chief of staff shall be vice-chairperson.
- (b) Any member of the committee who anticipates absence from a meeting of the committee may appoint as a temporary substitute another member of the same category of the medical staff to represent him or her at the meeting. The temporary substitute shall have all the rights of the absent member. The chief executive officer of the Ohio state university hospitals may invite any member of the chief executive officer's staff to represent him or her at a meeting or to attend any meeting.
- (c) All members of the committee shall attend, either in person or by proxy, a minimum of two-thirds of all committee meetings.

(2) Duties.

- (a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by these bylaws, by the bylaws of the Ohio state medical center board, the bylaws or rules of the board of trustees of the Ohio state university.
- (b) To have primary authority for activities related to self-governance of the medical staff.

- (c) To receive and act upon committee reports.
- ~~(e)~~(d) To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.
- ~~(d)~~(e) To approve and implement policies of the medical staff.
- ~~(e)~~(f) To provide a liaison between the medical staff, medical director, chief executive officer, and the medical center board.
- ~~(f)~~(g) To recommend action to the medical ~~director~~ directors and chief executive officer of the Ohio state university hospitals on matters of medico-administrative nature.
- ~~(g)~~(h) To fulfill the medical staff's accountability to the medical center board and the board of trustees of the Ohio state university for medical care rendered to patients in the Ohio state university hospitals, and for the professional conduct and activities of the medical staff, including recommendations concerning:
  - (i) Medical staff structure;
  - (ii) The mechanism to review credentials and to delineate clinical privileges;
  - (iii) The mechanism by which medical staff membership may be terminated;
  - (iv) Participation in the Ohio state university hospitals' performance improvement activities; and
  - (v) Corrective action and hearing procedures applicable to medical staff members and other licensed health care professionals granted clinical privileges.
- ~~(h)~~(i) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the Ohio state university hospitals.
- ~~(i)~~(j) To review and act on medical staff appointments, reappoint-ments, and requests for delineation of clinical privileges. Whenever there is doubt of an applicant's ability to perform the privileges requested, the medical staff administrative committee shall have the authority to request an evaluation of the applicant's clinical activities relevant to requested privileges.
- ~~(j)~~(k) To report to the medical staff all actions affecting the medical staff.
- ~~(k)~~(l) To inform the medical staff of all changes in committees, and the elimination of such committees as circumstances shall require.
- ~~(l)~~(m) To ~~appoint~~ create committees (for which membership is subsequently

appointed pursuant to section 3335-43-09 of these bylaws) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.

~~(m)~~(n) To establish and maintain rules and regulations governing the medical staff.

~~(n)~~(o) To perform other functions as are appropriate.

(3) Meetings. The committee shall meet monthly and shall keep detailed minutes which shall be distributed to each committee member and to the medical center board through the professional affairs committee.

(4) Voting. At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership or permanent suspension of clinical privileges, wherein a two-thirds vote of members present shall be required.

(D) Credentialing committee of the hospitals of the Ohio state university ~~health system~~:

(1) Composition:

The credentialing responsibilities of medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university ~~health system~~, the composition of which shall include representation from the medical staff of each health system hospital.

The credentialing committee of the hospitals of the Ohio state university ~~health system~~ shall be appointed by the chief medical officer of the health system. The chief of staff and director of medical affairs or medical director of each health system hospital shall make recommendations to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university ~~health system~~.

The credentialing committee of the hospitals of the Ohio state university ~~health system~~ shall meet at the call of its chair, who shall be appointed by the chief medical officer of the health system.

(2) Duties:

(a) To review all applications for medical staff and licensed health care professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university ~~health system~~ will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;

(b) To review biennially all applications for reappointment or renewal of clinical privileges;

(c) To review all requests for changes in medical staff membership;

(d) To assure, through the chairperson of the committee, that all records of formal peer review activity taken by the committee, including committee

minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;

- (e) To make recommendations to the medical staff administrative committee through the chief medical ~~director~~ officer regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;
- (f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;
- (g) The committee, after review and investigation, may make recommendations to the chief medical ~~director~~ officer, chief of staff or the chief of a clinical department, regarding the restriction or limitation of a member's clinical privileges for noncompliance or any other matter related to its responsibilities;
- (h) To review all grants of special or temporary privileges; and
- (i) To review requests made for clinical privileges by other licensed health care professionals as set forth in these bylaws.
- (j) To recommend eligibility criteria for the granting of medical staff membership and privileges.
- (k) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.
- (l) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.
- (m) To perform such other functions as requested by the medical staff administrative committee, the professional affairs committee or medical center board.

(3) Licensed health care professionals subcommittee.

(a) Composition:

This subcommittee shall consist of licensed health care professionals who have been appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code and shall also include the director of nursing who shall serve as chair of the subcommittee. The subcommittee shall include a certified nurse midwife, a certified registered nurse anesthetist, a certified nurse practitioner, a clinical nurse specialist, and other appropriate licensed health care professionals.



(b) Duties:

- (i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university ~~health system~~.
- (ii) To review and investigate the character, qualifications and professional competence of the applicant.
- (iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal.
- (iv) To verify the accuracy of the information contained in the application.
- (v) To request a personal interview with the applicant if deemed appropriate.
- (vi) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university ~~health system~~ for review at its next regularly scheduled meeting.
- (vii) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed health care professional specialty. These policies and procedures shall be ratified by the credentialing committee and medical staff administrative committee, and be approved by the medical center board.

(E) Committee for licensed independent practitioner health.

(1) Composition:

The committee shall consist of medical staff members appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code.

(2) Duties:

- (a) To consider issues of licensed independent practitioner health or impairment whenever a self referral or referral is requested by an affected member or another member or committee of the medical staff, the Ohio state university hospitals staff, or any other individual.
- (b) To educate the medical staff and the Ohio state university hospitals staff about illness and impairment recognition issues, including at-risk criteria, specific to licensed independent practitioners. At a minimum there will be an educational presentation made at each medical staff meeting as required by paragraph (A) of rule 3335-43-11 of the Administrative Code.
- (c) To provide appropriate counsel, referral and monitoring until the rehabilitation ~~or disciplinary process~~ is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate

standards of care.

- (d) To consult regularly with the chief of staff, chief medical officer and medical director of the Ohio state university hospitals.
- (e) To advise credentials or other appropriate medical staff committees on the credibility of any complaint, allegation or concern, including those affecting the quality and safety of patient care.
- (f) To assure, through the chairperson of the committee, that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest confidence in accordance with the laws of the state of Ohio.
- (g) To initiate appropriate actions when a licensed practitioner fails to complete the required rehabilitation program.

(F) ~~Bylaws~~ Medical staff bylaws committee.

(1) Composition:

The committee shall consist of those members appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties:

- (a) To review and recommend amendments, as appropriate, to these medical staff bylaws to the medical staff administrative committee at least every two years.
- (b) To receive from members of the medical staff or the medical staff administrative committee any suggestions that may necessitate amendment of these bylaws.

(G) Infection control committee.

(1) Composition:

The medical staff members of the committee shall consist of those members appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code. The committee shall also include representatives of nursing, environmental services, and hospital administration as may be invited from time to time by the chief of staff. The chairperson shall be a physician member of the medical staff with experience or training in infectious diseases.

(2) Duties:

- (a) To oversee surveillance and institute any recommendations necessary for the investigation, prevention, containment of nosocomial and clinical infectious diseases of both patients and staff at all facilities owned, operated, or controlled by the Ohio state university hospitals and subject to JCAHO standards.
- (b) To take necessary action through the chairperson of the committee, and the Ohio state university hospitals' epidemiologist, in consultation with the medical director of the Ohio state university hospitals, to prevent and

control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

(H) Ethics committee.

(1) Composition:

The committee shall consist of members of the medical staff, nursing, hospital administration, and other persons who by reason of training, vocation, or interest may make a contribution. Members shall be appointed as provided in these bylaws. The chairperson shall be a medical staff member who is a clinically active physician.

(2) Duties:

- (a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.
- (b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the Ohio state university hospitals.
- (c) To provide a support mechanism for primary decision makers at the Ohio state university hospitals.
- (d) To provide educational resources on ethics to all health care providers at the Ohio state university hospitals.
- (e) To provide and enhance interaction between hospitals administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(J) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the assistance from any medical staff member or recommend to the chief medical officer an external review.

(2) Duties:

- (a) To meet and keep minutes, which describes issues, opportunities to improve patient care, recommendations and actions to the chief quality officer and chief of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and operations improvement office.
- (b) To ensure that ongoing and systematic monitoring, evaluation, and process improvement is performed in each clinical department.
- (c) To develop and utilize objective criteria in practitioner peer review activities.

(d) To ensure that the medical staff peer review process is effective.

(e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of PEC by any individual, clinical department, division, or committee.

~~(H)~~(J) Leadership council for clinical quality, safety and service.

(1) Composition:

The leadership council shall consist of members appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include the senior vice president for health sciences, ~~and the~~ dean of the college of medicine and the chairperson of the professional affairs committee of the medical center board as ex-officio members without a vote. The ~~chief~~ medical ~~director~~ officer shall be the chairperson of the leadership council.

(2) Duties:

- (a) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery system.
- (b) To serve as the oversight council for the clinical quality management and patient safety plan.
- (c) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(3) Clinical quality and patient safety committee.

(a) Composition:

The members of this group shall be appointed pursuant to these bylaws and shall include medical staff members from various clinical departments and support services, and shall include the director of the clinical quality management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(b) Duties:

- (i) To coordinate the quality management related activities of the clinical departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and isoimmunization, and other medical staff and the Ohio state university hospitals committees.
- (ii) To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

(iii) To review, analyze, and evaluate on a continuing basis the

performance of the medical staff and other health care providers; and advise the clinical department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

- (iv) To serve as liaison between the Ohio state university and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.
- (v) To make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the Ohio state university hospitals.
- (vi) To hear and determine issues concerning the quality of patient care rendered by members of the medical staff and the Ohio state university hospitals staff and make appropriate recommendations and evaluate action plans when appropriate to the medical director, the chief of a clinical department, or the Ohio state university hospitals administration.
- (vii) To appoint ad-hoc interdisciplinary teams to address the Ohio state university hospitals-wide quality management plan.
- (viii) To annually review and revise as necessary the Ohio state university hospitals-wide clinical quality management plan.
- (ix) To report and coordinate with the leadership council for clinical quality, safety and service of all quality improvement initiatives.

(4) Clinical resource utilization policy group.

(a) Composition:

The members shall be appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code and shall include medical staff members from various clinical departments and support services the directors of clinical quality and case management, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(b) Duties:

- (i) To promote the most efficient and effective use of the hospitals of the Ohio state university health system facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.
- (ii) To formulate and maintain a written resource management review plan for the hospitals of the Ohio state university health system consistent with applicable governmental regulations and accreditation requirements.
- (iii) To conduct resource management studies by clinical department or divisions, or by disease entity as requested or in response to variation from benchmark data would indicate.

- (iv) To report and recommend to the leadership council for clinical quality, safety and service changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management.
  - (v) To oversee evaluation and cost effective utilization of clinical technology.
  - (vi) To oversee the activities of the utilization management committee of the hospitals of the Ohio state university health system. This oversight will include the annual review and approval of the utilization management plan.
- (3) Evidence-based practice policy group.
  - (a) Composition: The members shall be appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include medical staff members from various clinical departments and support services, representatives of nursing, pharmacy, information systems, hospitals administration, and the chair of the clinical quality and management policy group. The chairperson of the policy group shall be a physician member of the medical staff.
  - (b) Duties:
    - (i) To oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e., clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the Ohio state university hospitals and its affiliated institutions. Planning should be based on the prioritization criteria approved by the leadership council for clinical quality, safety and service and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guideline.
    - (ii) To report and recommend to the leadership council for clinical quality, safety and service specific process and outcomes measures for each evidence-based medicine resource.
    - (iii) To oversee ongoing education of medical staff (including specifically limited staff) and other appropriate Ohio state university hospitals staff regarding the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.
    - (iv) To initiate and support research projects when appropriate in support of the objectives of the leadership council for clinical quality, safety and service.
    - (v) To oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the Ohio state

university hospitals and its affiliated institutions. Computerized ordersets and clinical rules related to specific practice guideline should be forwarded to the leadership council for clinical quality, safety and service for approval. All other computerized ordersets and clinical rules should be forwarded to the leadership council for clinical quality, safety and service for information.

- vi To regularly report a summary of all actions to the leadership council for clinical quality, safety and service. (B/T 4/7/2000, B/T 10/5/2001, B/T 6/7/2002, B/T 5/30/2003, B/T 6/4/2004, B/T 5/6/2005, B/T 11/4/2005, B/T 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009)

#### ~~3335-43-13 Amendments.~~

~~The bylaws committee shall review the bylaws and rules and regulations as need arises but not less than every two years. This committee shall recommend changes to the medical staff administrative committee.~~

~~These bylaws may be amended after notice is given at a meeting of the medical staff administrative committee, and shall require two thirds vote of the members of the medical staff administrative committee present for approval and submission to the medical staff for ratification. Ratification of an amendment shall be by a plurality of those medical staff members voting through written ballot. When an amendment is approved by the medical staff administrative committee and ratified by the medical staff it shall be forwarded in successive order to the following: the Ohio state medical center board and the board of trustees of the Ohio state university. Each of the foregoing reviewers shall accept or reject the requested amendment. The amendment shall become effective when accepted by the board of trustees of the Ohio state university in the form ratified by the medical staff. Significant changes to these bylaws shall be reported in writing to the medical staff and other individuals who have clinical privileges. Neither the medical staff, nor the Ohio state medical center board may unilaterally amend these medical staff bylaws. The medical staff bylaws, rules and regulations, and policies and the medical center board bylaws shall not conflict.~~

#### 3335-43-13 Amendments and adoption.

##### (A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the professional affairs committee of the medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations, and policies and procedures and propose them directly to the professional affairs committee of the medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the

bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the professional affairs committee of the medical center board on issues including, but not limited to amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the professional affairs committee of the medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the professional affairs committee of the medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the professional affairs committee of the medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment, it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five percent (25%) of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via printed or secure electronic ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least thirty (30) days advance notice of the changes to be adopted:

- (a) The medical staff receives a simple majority of the votes cast by those members eligible to vote.
- (b) Amendments so adopted shall be effective when approved by the university board of trustees.

(C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.



In addition to the process described above, the organized medical staff itself may recommend directly to the professional affairs committee of the medical center board an amendment to any rule, regulation, or policy by submitting a petition signed by twenty-five percent (25%) of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

- (D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

~~3335-43-14 Adoption.~~

- ~~(A) These bylaws shall be adopted by the medical staff administrative committee and forwarded for approval in the same fashion as provided in rule 3335-43-12 of the Administrative Code.~~
- ~~(B) Upon adoption of these bylaws by the Ohio state medical center board, these bylaws shall replace any previous bylaws, rules and regulations of the medical staff of the Ohio state university hospitals.~~
- ~~(C) From time to time certain administrative policies and procedures associated with processes described in these bylaws for corrective action, fair hearing and appeal, credentialing, privileging and appointment shall supplement the bylaws at the recommendation of the appropriate committee and the medical staff administrative committee and be forwarded to the Ohio state medical center board for ratification. (B/T 10/29/2009, 5/14/2010)~~

~~3335-43-15 Rules of construction.~~

- ~~(A) "Shall" as used herein is to be construed as mandatory.~~
- ~~(B) These bylaws should be construed to be gender neutral.~~

3335-43-14 Rules of construction.

- (A) "Shall" as used herein is to be construed as mandatory.
- (B) These bylaws should be construed to be gender neutral.

Amendments to the *Rules and Regulations of the Medical Staff*  
of The Ohio State University Hospitals

84-04 Consultations.

(A) Consultation requirements.

When a patient care problem is identified that requires intervention during the hospital stay that is outside the attending or courtesy medical staff member's area of training and experience, it is the responsibility of the attending or courtesy medical staff member or his or her designee, who is appropriately credentialed by the hospital, to obtain consultation by the appropriate specialist. The consultation may be ordered by the responsible medical practitioner, a member of the limited staff, or another licensed healthcare professional with appropriate clinical privileges as designated in these rules and regulations. If a consultation is ordered prior to ten a.m., the consult shall occur on the same business day. If a consultation is ordered after ten a.m., the consult shall occur within twenty-four hours. Irrespective of consultations each patient is continuously assessed and reassessed and his or her plan for care is modified as necessary.

(B) Responsibility to monitor consultations.

It is the duty of the medical staff through its clinical departmental chiefs and the medical staff administrative committee to assure that members of the staff comply in the matter of requesting consultations as needed.

(C) Consultation contents.

A satisfactory consultation shall include examination of the patient, examination of the medical record, and a written opinion signed by the consultant that is made a part of such record. If operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operation. (B/T 9/6/2002, B/T 11/4/2005, B/T 6/6/2008, 9/18/2009)

84-05 Privileges for giving orders.

(A) Definition of "patient orders."

A patient order(s) is a prescription for care or treatment of patients. An order can be given verbally, electronically or in writing to qualified personnel identified by category in paragraph (C) of this rule, and shall be authenticated by the licensed medical practitioner. Patient orders may be given initially, renewed, discontinued or cancelled. Throughout these rules and regulations, the word "written" and its grammatical derivatives, as used to describe a non-verbal order, refer to both written and electronically entered orders.

(B) Electronic ordering.

Electronic orders are equivalent and have the same force as written orders. Electronic orders have been expressly structured to mirror these rules and regulations and all policy guidelines adopted by the medical staff and hospital administration.

(C) Responsible medical practitioner.

The licensed physician, dentist, podiatrist, or psychologist (under medical doctor supervision) member of the medical staff responsible for the care and treatment of the

patient is responsible for all orders for the patient. Attending, courtesy, and honorary medical staff may designate members of the limited staff, or other licensed healthcare professional with appropriate clinical privileges to write or electronically enter orders under their direction. The attending staff member may also designate members of the pre-M.D. medical student group to write or electronically enter orders, but in all cases these orders shall be signed by the physician, dentist, podiatrist, psychologist, or designated limited staff member who has the right of practice of medicine, dentistry, psychology, or podiatry, and who is responsible for that patient's care. All non-verbal orders must be authenticated by the medical practitioner prior to the execution of the order(s) by the hospital or outpatient nursing staff or other professional groups.

~~Patient orders written or electronically entered by "off-service" limited staff or consultant staff must be authenticated by the responsible practitioner or the practitioner's designee, who is appropriately credentialed by the hospital. Exception may be made in the event of preoperative orders or in the instance of acknowledged co-management; e.g. the intensive care unit or recovery room.~~

(D) Telephone and verbal orders.

Telephone and verbal orders may be given by the responsible attending physician, dentist, podiatrist, psychologist, member of the limited staff, or other licensed healthcare professional with appropriate clinical privileges only to health care providers who have been approved in writing by title or category by the medical director, ~~the executive director of the hospitals,~~ and each chief of the clinical service where they shall exercise clinical privileges, and only where said health care provider is exercising clinical privileges responsibilities which have been approved and delineated by job description for employees of the hospitals, or by the customary medical staff credentialing process when the provider is not an employee of the hospitals. Lists of the approved titles or categories of providers shall be maintained by the chief medical director officer. Verbal orders should be utilized infrequently. The individual giving the verbal or telephone order must verify the complete order by having the person receiving the information record and the complete order by having the person receiving the information record and "read back" the complete order to assure the quality and safety of patient care. The job description or delineated privileges for each provider must indicate each provider's authority to receive telephone or verbal orders, including but not limited to the authority to receive orders for medications. The order is to be recorded and authenticated by the approved health care provider to whom it is given as "verbal order by," or "V. O. or T. O. by," recording the licensed healthcare practitioner's name and the time of the order. All telephone and verbal orders for D.E.A. schedule II controlled substances, patient seclusion, or patient restraint must be authenticated within one day twenty-four hours by ~~the~~ a licensed physician, dentist, podiatrist, psychologist, limited staff member, or other licensed healthcare professional with appropriate clinical privileges. All other verbal and telephone orders must be authenticated within forty-eight (48) hours by a licensed physician, dentist, podiatrist, psychologist, limited staff member, or other licensed healthcare professional with appropriate privileges.

(E) Standing orders.

Standing orders for emergency uses are approved only for the coronary care unit and the allergy clinic.

(F) Preprinted orders.

Preprinted order forms for patients must be reviewed, dated, timed and signed by a responsible medical practitioner, a limited staff member, or other licensed healthcare professional with appropriate privileges before becoming effective.

(G) Investigational drug orders.

Evidence of informed patient consent must be available to a nurse or pharmacist before an investigational agent is ordered and administered. Investigational drugs may be ordered only upon authorization of the principal or co-investigator or other delegated physician, dentist, psychologist, or podiatrist named in FDA forms 1572 or 1573. Registered nurses or pharmacists who are knowledgeable about the investigational agents may administer the drugs to patients.

(H) Change of nursing service.

"Change of nursing service" means official and physical movement (transfer) of a patient from any permanent care unit to another with or without change in attending physician, dentist, psychologist, or podiatrist or clinical service. Orders effective before transfer must be reviewed, renewed, rewritten or reentered upon transfer by the responsible medical practitioner. The new or renewed orders may be written or electronically entered before or when the patient arrives on the receiving unit and may become effective immediately.

In each case of "change of nursing service," it is the responsibility of the receiving nurse to establish the availability of renewed or new written or electronically entered orders. Prior orders shall remain in effect until new orders are available. This should be done within eight hours of transfer.

(I) Transfer of clinical service.

Transfer of clinical service means transfer of full patient responsibility from one attending physician, dentist, psychologist, or podiatrist to another; the patient may remain on the same unit or a "change of nursing service" may also occur. Admission of a patient from an emergency service to the hospital as an inpatient involves "transfer of clinical service."

For the purposes of writing or electronically entering orders, two essentials of "transfer of clinical service" are necessary:

- (1) The initial transfer order must indicate the release of responsibility and control of the patient, pending acceptance by the receiving service. The order may read -- "transfer (or admit) to Dr., thoracic surgery service."
- (2) Transfer of service may be completed only by the receiving service writing or electronically entering an order to the effect -- "accept in transfer (or admission) to Dr., cardiology service."

Orders effective before the transfer must be renewed, rewritten or reentered upon transfer by the responsible medical practitioner, a limited staff member, or other licensed healthcare professional with appropriate privileges. The new or renewed orders may be written or electronically entering before or at the time of transfer, and may become effective immediately. It is the responsibility of the receiving nurse to establish the availability of new or renewed orders. If new orders are unavailable, then the nurse may continue previous orders and immediately notify the responsible medical practitioner.

(J) Patient orders and the "covering" medical practitioner.

"Coverage" of patient responsibilities for another physician, dentist, psychologist, or podiatrist for a brief period of time does not constitute or require "transfer of clinical service" unless so desired and agreed upon by the physician, dentist, psychologist, or podiatrist and patient.

(K) Hospital discharge/readmission orders.

Hospital discharge from standard inpatient units or day care units to outpatient status requires appropriate discharge orders. Readmission to any inpatient unit requires new, rewritten/reentered or renewed orders by the responsible medical practitioner, a limited staff member, or other licensed healthcare professional with appropriate privileges.

(L) Orders in emergency vehicles.

These rules and regulations apply to university hospital's owned and/or manned emergency care and retrieval vehicles.

(M) Do not resuscitate order.

Do not resuscitate orders must be written or electronically entered in strict compliance with the comprehensive policy guidelines published by the medical staff administrative committee and hospital administration. See hospital procedure manual section 03-24.

(N) Hospital admission/observation orders.

Hospital admission/observation requires appropriate admission/observation orders. Admission to any inpatient unit or placing a patient in observation status requires new, rewritten/reentered or renewed orders by the responsible medical practitioner or limited staff member.

84-12 Medical records.

(A) Each member of the medical staff shall conform to the medical information management department policies, including the following:

(1) Chart contents

The attending medical staff member shall be responsible for the preparation of a complete medical record of each patient. The medical record may contain information collected and maintained in electronic, paper or microfilm form. This record shall include the following:

- (a) Identification and related data.
- (b) Statement of present complaint.
- (c) History of present illness.
- (d) Previous personal history.
- (e) Family history.
- (f) Physical examination.
- (g) Special reports, as those from:

- (i) The clinical laboratory, including examination of tissues and autopsy findings, when applicable.
  - (ii) The x-ray department.
  - (iii) Consultants, as verified by the attending medical staff member's signature.
- (h) Provisional diagnosis.
- (i) Medical and surgical treatments.
- (j) Progress notes.
- (k) Discharge disposition, condition of patient at discharge, and instructions given at that time.
- (l) Summary and final diagnosis as verified by the attending medical staff member's signature.
- (m) Documentation of informed consent.
- (n) Pre-sedation or pre-anesthesia assessment and plans of care for patients receiving anesthesia.
- (o) The legal status of patients receiving mental health services.
- (p) Emergency care provided to the patient prior to arrival, if any.
- (q) Evidence of known advance directives.
- (r) All reassessments and any revisions of the treatment plan.
- (s) Any and all orders related to the patient's care.
- (t) Every medication dispensed to an inpatient at discharge.
- (u) Every dose of medication administered and any adverse drug reaction.
- (v) Any referrals and communications made to external or internal providers and to community agencies.
- (w) Postoperative documentation records, including the patient's vital signs and level of consciousness; medications, including IV fluids, blood and blood components; any unusual events or postoperative complications; and management of such events.
- (x) Postoperative documentation of the patient's discharge from the post-sedation or post-anesthesia care area by the responsible licensed independent practitioner or according to discharge criteria.
- (y) An intra-operative anesthesia record.
- (z) A post-anesthesia follow-up report written within forty-eight hours after surgery.

Signed and dated reports of nuclear medicine interpretations, consultations, and procedures.

(2) Deadlines and sanctions.

- (a) A procedure note shall be entered in the record by the responsible attending medical staff member or the medical staff member's designee, who is appropriately credentialed by the hospital, immediately upon completion of an invasive procedure. Procedure notes must be written for any surgical or medical procedures, irrespective of their repetitive nature, which involve material risk to the patient. Notes for procedures completed in the operating rooms must be finalized in ~~OR-web~~ the operating room information system by the attending surgeon. For any formal operative procedures, a note shall include preoperative and postoperative diagnoses, procedure(s) performed and description of each procedure, surgeon(s), resident(s), anesthesiologist(s), surgical service, type of anesthesia (general or local), complications, ~~invasive lines either added or deleted~~, estimated blood loss, any pertinent information not included on the O.R./anesthesia record, preliminary surgical findings, and specimens removed and disposition of each specimen. Where a formal operative report is appropriate, the report must be ~~dictated~~ completed immediately following the procedure. The ~~transcribed~~ operative/procedure report must be signed by the attending medical staff member. Any operative/procedure report not ~~dictated~~ completed or any procedure note for procedures completed in the operating rooms not completed in ~~OR-web~~ the operating room information system by ten a.m. the day following the procedure shall be deemed delinquent and the attending medical staff member responsible shall lose operating/procedure room and medical staff privileges the following day. The operating rooms and procedure rooms will not cancel cases scheduled before the suspension occurred. Effective with the suspension, the attending medical staff member will lose all privileges to schedule elective and add-on cases. The attending medical staff member will only be allowed to schedule emergency cases until all delinquent operative/procedure reports are completed. All emergency cases scheduled by suspended medical staff members are subject to the review of the medical director and will be reported to the suspended medical staff members' chief of the clinical department and the medical director by the operating room staff. Affected medical staff members shall receive telephone calls from the medical information management department indicating the delinquent operative/procedure reports.
- (b) Progress notes must provide a pertinent chronological report of the patient's course in the hospital and reflect any change in condition, or results of treatment. In the event that the patient's condition has not changed, and no diagnostic studies have been done, a progress note must be completed by the attending medical staff member or his or her designated member of the limited medical staff or practitioner with appropriate privileges at least once every ~~three~~ days.

Each medical student or other licensed health care professional progress note in the medical records ~~must~~ should be signed or counter-signed by a member of the attending, courtesy, or limited staff.

- (c) Birth certificates must be signed by the medical staff member who

delivers the baby within one week of completion of the certificate. Fetal death certificates and death certificates must be signed and the cause of death must be recorded by the medical staff member with a permanent Ohio license within 24 hours of death.

- (d) Outpatient visit notes and letters to referring physicians, when appropriate, shall be ~~dictated~~ completed within three days of the patient's visit.
- (e) ~~Reports in the electronic signature system~~ All entries not previously defined must be signed within ~~five (5)~~ ten business days of ~~availability~~ completion.
- (f) Queries by clinical documentation specialists requesting clarification of a patient's diagnoses and procedures will be resolved within five business days of confirmed notification of request.
- (g) Office visit encounters shall be closed within one week of the patient's visit.

(3) Discharges

- (a) Patients shall be discharged only on written or electronically entered order of the responsible medical staff member, limited staff member, or other licensed healthcare professional with appropriate clinical privileges. At the time of ordering the patient's discharge or at the time of the medical staff member's next visit to the hospital (if the attending medical staff member has authorized a member of the limited staff to sign the order of discharge), the attending medical staff member shall see that the record is complete. The attending medical staff member or his or her designee, who is appropriately credentialed by the hospital, is responsible for verifying the principal diagnosis, secondary diagnoses, principal procedure, and other significant invasive procedures in the medical record by the time of discharge. If a principal diagnosis cannot be determined in the absence of outstanding test results, the attending medical staff member or his or her designee, who is appropriately credentialed by the hospital, must record a "provisional" principal diagnosis by the time of discharge.
- (b) The discharge summary for each patient must be completed by the responsible attending medical staff member or the medical staff member's designee, who is appropriately credentialed by the hospital, before the patient's discharge or transfer to a non-OSU health system facility. All other discharge summaries must be completed by the responsible attending medical staff member or the medical staff member's designee, who is appropriately credentialed by the hospital, within three days of discharge. ~~An electronic~~ Electronic discharge ~~instruction form~~ instructions will suffice for the discharge summary if ~~it~~ they contains the following: hospital course including reason for hospitalization and significant findings upon admission; principal and secondary diagnoses; relevant diagnostic test results; procedures performed and care, treatment and services provided to the patient; condition on discharge; medication list and medication instruction; the plan for follow-up tests and studies where results are still pending at discharge; coordination and planning for follow-up testing and physician appointments; plans for follow-up communication, and instructions.



- (c) A ~~dictated~~ complete summary is required on all patients who expire, regardless of length of stay.
  - ~~(d) A handwritten short stay summary may be substituted for a discharge summary for newborn stays.~~
  - ~~(e)~~(d) Any discharge summary, ~~abbreviated discharge summary, short stay summary or electronic discharge instruction forms~~ must be signed by the responsible attending medical staff member.
  - ~~(f)~~(e) All medical records must be completed by the attending medical staff member or, when applicable, by the attending medical staff member's designee, who is appropriately credentialed by the hospital, within twenty-one (21) days of discharge of the patient. Attending medical staff members shall be notified prior to suspension for all incomplete records. After notification, attending medical staff members shall have their admitting and operative scheduling privileges suspended until all records are completed. A list of delinquent incomplete records, by attending medical staff members, shall be prepared and distributed by the medical information management department once each week. If an attempt is made by the attending medical staff member, or the attending medical staff member's designee, who is appropriately credentialed by the hospital, when applicable, to complete the record, and the record is not available, the record shall not be counted against the attending medical staff member.
  - ~~(g)~~(f) Records which are incomplete, more than twenty-one (21) days after discharge or the patient's visit are defined as delinquent.
- (4) Confidentiality.
- Access to medical records is limited to use in the treatment of patients, research, and teaching. All medical staff members are required to maintain the confidentiality of medical records. Improper use or disclosure of patient information is subject to disciplinary action.
- (5) Ownership.
- Medical records of hospital-sponsored care including pathological examinations, slides, radiological films, photographic records, cardiographic records, laboratory reports, statistical evaluations, etc. are the property of the hospital and shall not be removed from the hospital's jurisdiction and safekeeping except in accordance with a court order, subpoena, or statute.
- (6) Records storage and security.
- Hospital records, pathological examinations, slides, radiologic images, etc., shall be maintained by the hospital. Microfilms, paper, electronic tape recordings, magnetic media, optical disks, and such other acceptable storage techniques shall be used to permanently maintain patient records. In the case of readmission of the patient, all previous records or copies thereof shall be available for the use of the attending medical staff member or other health care providers.

(7) Informed consent documentation.

- (a) Where informed consent is required for a special procedure (such as surgical operation), documentation that such consent has been obtained must be made in the hospital record prior to the initiation of the procedure. Such documentation shall be in compliance with the hospital's policy and procedure manual section 03-27.
- (b) In the case of limb amputation, a limb disposition form, in duplicate, must be signed prior to the operation.

(8) Sterilization consent.

Prior to the performance of an operative procedure for the expressed purpose of sterilization of a (male or female) patient, the attending medical staff member shall be responsible for the completion of the legal forms provided by the hospital and signed by the patient. Patients who are enrolled in the Medicaid program must have their forms signed at least 30 days prior to the procedure. Informed consent must also be obtained from one of the parents or the guardian of an unmarried minor.

(9) Criteria changes.

The medical information management department shall define the criteria for record completion subject to the approval of the medical staff.

(10) Entries and authentication.

- (a) Entries in the medical record can only be made by staff recommended by the medical information management department subject to the approval of the medical staff.
- (b) All entries must be legible and complete and must be authenticated, timed and dated promptly by the person, identified by name and discipline, who is responsible for ordering, providing, or evaluating the service furnished.
- (c) The electronic signature of medical record documents requires a signing password. At the time the password is issued, the individual is required to sign a statement that she/he will be the only person using the password. This statement will be maintained in the department responsible for the electronic signature system.
- (d) Signature stamps may not be used in the medical record.

~~84-16 Mechanism for changing rules and regulations.~~

- ~~(A) These rules and regulations may be amended upon recommendation of the medical staff administrative committee.~~
- ~~(B) Proposals for amendment to the rules and regulations may be made by any member of the attending staff. Such proposals shall be referred to the medical staff bylaws committee for review. Notice shall then be given at any meeting of the medical staff administrative committee. Two-thirds vote of the members present shall be required for adoption.~~

- ~~(C) Before approval the medical director or chief of staff shall circulate the proposed change to all medical staff, allowing adequate time for comment.~~
- ~~(D) Amendments so accepted shall become effective when approved by the Ohio state medical center board.~~
- ~~(E) These rules and regulations shall not conflict with the rules and regulations of the board of trustees of the Ohio state university.~~

#### 84-16 Standards of practice.

- ~~(A) Surgical schedules shall be reviewed by the attending surgeon prior to the day of surgery. Attending surgeons must notify the operating room prior to the first scheduled case that they are physically present in the hospital and immediately available to participate in the case. Attending surgeons may accomplish this by being physically present in the operating room or by calling the operating room to notify the staff of such immediate availability. The operating room must be informed of the attending surgeon's availability prior to anesthetizing the patient. The only exception is in an emergency situation, where waiting might compromise the patient's safety.~~
- ~~(B) All medical staff members must abide by the quality and safety protocols that may be defined by the medical staff administrative committee and the medical center board.~~
- ~~(C) Inpatients must be seen daily by an attending physician with no exceptions to provide the opportunity of answering patient and family questions.~~

#### 84-17 Adoption of the rules and regulations.

~~These rules and regulations shall be adopted by the medical staff administrative committee and forwarded for approval in the same fashion as provided in Section 84-16.~~

#### 84-17 Mechanism for changing rules and regulations.

- ~~(A) These rules and regulations may be amended pursuant to the medical staff bylaws section 3335-43-13.~~
- ~~(B) Amendments so accepted shall become effective when approved by the Ohio state medical center board.~~
- ~~(C) Each member of the medical staff and those having delineated clinical privileges shall have access to an electronic copy of the rules and regulations upon finalization of the approved amendment changes.~~

#### 84-18 Sanctions.

~~Each member of the medical staff shall abide by policies approved by the medical staff administrative committee and by the Ohio state university hospitals. Failure to abide may result in suspension of some or all hospital privileges.~~

#### 84-18 Adoption of the rules and regulations.

~~These rules and regulations shall be adopted by the medical staff administrative committee and forwarded for approval in the same fashion as provided in Section 84-16.~~

#### 84-19 Sanctions.

Each member of the medical staff shall abide by policies approved by the medical staff administrative committee and by the Ohio state university hospitals. Failure to abide may result in suspension of some or all hospital privileges.

IMPACT STATEMENT

THE ARTHUR G. JAMES CANCER HOSPITAL  
AND RICHARD J. SOLOVE RESEARCH INSTITUTE  
MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS

Amendments Approved By:

James Cancer Hospital Medical Staff Administrative Committee – February 11, 2011  
James Cancer Hospital Medical Staff – February 24, 2011  
Professional Affairs Committee of The Ohio State University Medical Center Board – February 18, 2011

I. MEDICAL STAFF BYLAWS

- A. Updates and revisions to align bylaws with verbatim language of Joint Commission standards and CMS rules.
- B. Substantial updates and revisions to comply with new Joint Commission Medical Staff standards.
- C. Revisions to clarify medical staff appointments and re-appointments.
- D. Revisions to clarify focused professional practice evaluation and ongoing professional practice evaluation.
- E. Revisions to clarify when clinical privileges can lapse versus be suspended or terminated.
- F. Various updates, revisions and minor administrative corrections to align and reflect the recently revised Medical Center Board Bylaws and duties of the Professional Affairs Committee.
- G. Insertion of specific releases for sharing of quality and medical staff information within the Medical Center as well as with third party payors, regulating agencies, accreditation bodies and other health care entities.
- H. Updates and revisions to peer review bylaws in order to reflect current process and laws.
- I. Updates and revisions to leave of absence bylaws in order to reflect current process.
- J. Revisions to temporary and special clinical privileges to align with Joint Commission standards and reflect current process.
- K. Updates and revisions to further define roles and responsibilities of medical staff officers and department chairs.
- L. Updates and revisions to further define roles and responsibilities of medical staff committees and reflect current practices.
- M. Various minor administrative corrections throughout.

II. MEDICAL STAFF RULES AND REGULATIONS

- A. Updates and revisions to align with language of the Joint Commission standards and CMS rules.
- B. Updates and revisions in order to reflect changes for medical record entries and orders due to implementation of electronic systems.
- C. Updates and revisions to further define roles and responsibilities of medical staff, medical staff committees and reflect current practices.
- D. Various other minor administrative corrections.

BYLAWS OF THE MEDICAL STAFF  
THE ARTHUR G. JAMES CANCER HOSPITAL AND  
RICHARD J. SOLOVE RESEARCH INSTITUTE

3335-111-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state medical center board for the quality of care provided to the patients of the CHRI shall be:

- (A) To maintain exemplary standards of medical care for all patients at the CHRI. To assure continuity of care and treatment for the individual patient throughout the course of his or her illness, and to assure ongoing support and care for cancer survivors. To commit to being responsive to the needs of all CHRI patients and to communicate compassionately and effectively concerning matters of patient care.
- (B) To support and encourage research, with an emphasis on the prevention and treatment of cancer; to actively encourage patients to participate in clinical trials and other research, and to foster research programs to enhance and advance the educational and patient care programs.
- (C) To support educational programs for health care and other professionals, patients and families, and the community, with an emphasis on cancer-related education; to elevate and advance the educational standards of our professions, including pre and post medical or osteopathic students, nursing students, students of the allied medical professions, and students of other health professional colleges.
- (D) To provide a means to identify and review medical problems, assure adherence to regulatory and accreditation standards, review and revise policies and procedures; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, evaluation and discipline within the medical staff, and harmonious cooperation and understanding among the units comprising the CHRI.
- (E) To provide research, education, and service programs to benefit the mental, physical, and environmental health of the citizens of the state of Ohio, the region, the nation, and the world and to facilitate dissemination of medical knowledge to health professionals and the public.

3335-111-03 Patients.

- (A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, associate attending, clinical attending or community associate attending medical staff to whose care the patient is treated at or transferred to the CHRI, and to an allied health professional being granted clinical privileges under these bylaws.
- (B) There shall be only one category or classification of patients in the CHRI, and those patients are the patients of the medical staff under whose care they are treated. Patients treated at the CHRI who, prior to treatment, have not requested or selected a member of the medical staff to attend them shall be assigned for their care and treatment to a member of the medical staff for their care and treatment.
- (C) All patients treated at the CHRI should cooperate in, and, whenever applicable, participate in an approved cancer related protocol and knowingly participate in the teaching program of the college of medicine. Should a patient, or on the behalf of the

patient, the patient's representative, refuse to participate or cooperate in the teaching program of the CHRI or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patient's representative, of their right to refuse participation.

- (D) Students, including pre and post medical or osteopathic, but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned for treatment within the CHRI. The CHRI respects the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's right to refuse care, treatment and services, in accordance with law and regulation.

3335-111-04 Membership.

(A) Qualifications.

- (1) Membership on the medical staff of the CHRI is a privilege extended to allopathic and osteopathic physicians, dentists, oral surgeons, clinical psychologists, and podiatrists who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, genetic information or military or veteran status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same policies and procedures as all other applicants for the medical staff.
- (2) All members of the medical staff of the CHRI, except community associate attending staff, shall be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry, and shall be duly licensed to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff shall comply with provisions of state law and the regulations of the respective state licensing board. Only those allopathic and osteopathic physicians, dentists, oral surgeons, clinical psychologists, and podiatrists who can document their education, training, experience, competence, adherence to the ethics of their profession, dedication to educational and research goals and ability to work with others with sufficient adequacy to assure the medical center board and the board of trustees of the Ohio state university that any patient treated by them at the CHRI will be given high quality medical care provided at CHRI, shall be qualified for eligibility for membership on the medical staff of the CHRI. Except for community associate staff, CHRI medical staff members shall also hold appointments to the medical staff of the Ohio state university hospitals for consulting purposes. Loss of such appointment shall result in immediate termination of membership on the CHRI medical staff and immediate termination of clinical privileges as of the effective date of the Ohio state university hospitals appointment termination. This consequence does not apply to an individual's suspension for completion of medical records. If the medical staff member regains an appointment to the Ohio state university hospitals medical staff, the affected medical staff member shall be eligible to apply for CHRI medical staff membership at that time.

All applicants for membership and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The director of medical affairs of the CHRI, the department chairperson, the credentialing committee, the medical staff administrative committee, the professional affairs committee of the Ohio state university medical center, or the Ohio state university medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant.

- (3) All members of the medical staff will comply with medical staff and the CHRI policies regarding employee and medical staff health and safety, provision of uncompensated care, and will comply with appropriate administrative directives and policies which, if not followed, could adversely impact overall patient care or may adversely impact the ability of the CHRI employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff ~~will~~ shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the medical center board, including but not limited to policies on professionalism, disruptive behavior, annual education and training, conflict of interest, HIPPA compliance and access and communication guidelines. Medical staff members must also comply with the university integrity program requirements including but not limited to billing, self referral, ethical conduct and annual education.
- (4) Exclusion of any medical staff member or allied health professional from participation in any federal or state government program or suspension from participation, in whole or in part, in any federal or state government reimbursement program, shall result in immediate ~~termination~~ lapse of membership on the medical staff of the CHRI and the immediate ~~termination~~ lapse of clinical privileges at the CHRI as of the effective date of the exclusion or suspension. If the medical staff member's or allied health professional's participation in these programs is fully reinstated, the affected medical staff member or allied health professional shall be eligible to apply for membership and clinical privileges at that time. It shall be the duty of all medical staff members and allied health professionals to promptly inform the director of medical affairs of any action taken, or the initiation of any process, which could lead to such action taken by any of these programs.
- (5) Board certification.

An applicant for membership shall at the time of appointment or reappointment, be board certified in his or her specialty. This Board certification must be approved by the American board of medical specialties, or other applicable certifying boards for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirement. Recertification will be assessed at reappointment. Failure to meet or maintain board



certification shall result in termination of membership on the medical staff of the CHRI. Waiver of these eligibility criteria is as follows:

- (a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden to demonstrate that his or her qualifications are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.
- (b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant clinical department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.
- (c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.
- (d) The medical center board determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a denial of appointment or clinical privileges and does not give rise to a right to a hearing. ~~the~~ The prospective applicant who requested the waiver is not entitled to a hearing. A determination to grant a waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted. Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.
- (6) All applicants must demonstrate recent clinical activity in their primary area of practice during the last two years to satisfy minimum threshold criteria for privileges within their clinical departments.
- ~~(6)(7)~~ Applicants for ~~community oncology attending or community associate attending~~ medical staff ~~categories~~ category, practicing in a CHRI unit at another hospital, must have and maintain clinical privileges and active medical staff membership at that hospital.
- ~~(7)(8)~~ Resignation, termination or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the CHRI for attending, associate attending and clinical attending staff members.
- ~~(8)(9)~~ Any staff member whose membership has been terminated pursuant to paragraphs (A)(4), (A)(5) or (A)(7) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code. Any allied health professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (F)(6)(i) of rule 3335-111-07 of the Administrative Code.

~~(9)(10)~~ No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.

(B) Application for membership.

Initial application for all categories of medical staff membership shall be made by the applicant to the clinical department chief or designee on forms prescribed by the medical staff administrative committee, stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the qualifications are fulfilled as outlined in paragraph (A) of this rule. See paragraph (E)(1) of rule 3335-111-07 of the Administrative Code for exceptions to signature requirements. The application shall include written statements by the applicant that commit the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant for medical staff membership shall agree that membership requires participation in and cooperation with the peer review processes of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in these review processes as long as the peer review is not conducted in bad faith, with malice, or without reasonable effort to ascertain the accuracy of information being disclosed or relied upon. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment.

Initial appointment to the medical staff, except for the honorary category, shall be for a period not to exceed twenty-four months. An appointment or grant of privileges for a period of less than twenty-four months shall not be deemed an adverse action. ~~Initial~~ During the first six month of the initial appointment, except ~~appointment to the honorary medical staff category~~ medical staff appointments without clinical privileges, appointees shall be provisional for six months regardless of the date of the appointment. During the period of the provisional appointment, all applicants shall be subject to continuous review and reconsideration focused professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. Full appointment FPPE requires the evaluation of by the clinical department chief with a positive recommendation oversight by the credentials committee and the medical staff administrative committee. In the case of community associate attendings, receipt of the positive evaluation provided by the clinical department chief in the primary hospital in which they hold privileges is required. The provisional appointee identifies the primary hospital. If, after the initial Following the six month FPPE period, the clinical department chief may: 1. ~~does not~~ recommends the provisional initial appointee for full appointment, medical staff membership and clinical privileges may be terminated. The clinical department chief may recommend that the initial provisional period may be extended up to an to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee: 2. Extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or 3. ~~Such extension of the~~

~~provisional period is not considered an adverse action. terminate the initial appointee's medical staff membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action is be taken against a provisional an initial appointee, the provisional initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.~~

(D) Professional ethics.

The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American osteopathic association, the American psychological association, the American college of surgeons, or the American podiatric medical association shall usually govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

(1) The completed and signed application for membership of all categories of the medical staff as defined in rule 3335-111-07 of the Administrative Code, shall be presented to the clinical department chief or designee. The applicant shall include in the application a signed statement indicating the following:

- (a) If the applicant should be appointed to a category of the CHRI medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the medical center board, and the board of the trustees of the Ohio state university.
- (b) The applicant consents to be interviewed in regard to the application.
- (c) The applicant authorizes the CHRI to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.
- (d) The applicant consents to the CHRI's inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges which the applicant is seeking as well as the applicant's professional and ethical qualifications for medical staff membership.
- (e) The applicant releases from any liability:
  - (i) All representatives of the CHRI for acts performed in connections with evaluating the applicant's credentials or releasing information to other institutions for the purpose of evaluating the applicant's credentials in compliance with these bylaws performed in good faith and without malice; and
  - (ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the CHRI staff, the medical center board members, and members of the Ohio state university board of trustees concerning the applicant's credentials performed in good faith and without malice.

- (f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.
  - (g) The applicant further agrees to disclose to the director of medical affairs of the CHRI the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.
  - (h) The applicant agrees that acceptance of an appointment to any category of the CHRI medical staff authorizes the CHRI to conduct any appropriate health assessment including, but not limited to, drug or alcohol screens on a practitioner before granting of privileges and at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the director of medical affairs of the CHRI or their authorized designees.
- (2) The purpose of the health assessment shall be to ensure that the applicant or appointee to the CHRI medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the applicant or appointee would or is permitted to exercise by reason of medical staff appointment. ~~At If, at the time of the initial request for a health assessment, and at any time an appointee refuses to participate as needed in a health assessment, including, but not limited to, a drug or alcohol screening, the clinical department chief, division or department directors, or the director of medical affairs may impose a summary suspension per paragraph (D) of rule 3335-111-05 of the Administrative Code this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment.~~ Upon request of the medical staff administrative committee or the medical center board, the applicant or appointee will provide document documentation of their physical/mental status with sufficient adequacy to demonstrate that any patient treated by the applicant or appointee will receive efficient and quality care at a professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as an appointee to the medical staff.
- (3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the applicant signs the application and the information is verified. A completed application must contain:
- (a) Peer recommendations from ~~an individual(s) knowledgeable at least~~ three individuals with first hand knowledge about the applicant's ~~current~~ clinical and professional skills within the last year;
  - (b) Evidence of required immunizations;
  - (c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges;

- (d) Satisfaction of ECFMG requirements, if applicable;
  - (e) Verification by primary source documentation of:
    - (i) Current and previous state licensure, and
    - (ii) Faculty appointment, when applicable.
  - (f) DEA registrations, when required for the exercise of requested clinical privileges;
  - (g) Graduation from an accredited professional school, when applicable;
  - (h) Successful completion or record of post professional graduate medical education;
  - (i) Board certification or active candidacy for board certification;
  - (j) Information from the national practitioner data bank and other JCAHO approved sources;
  - (k) Verification that the applicant has not been excluded from any federally funded health care program; and
  - (l) Complete disclosure by the applicant of all past and current claims, suits, verdicts, and settlements, if any.
  - (m) Completion of criminal history check by the Ohio state university medical center security department.
  - (n) Completion of the Ohio state university medical center drug testing.
  - (o) Verification of completion of HIPAA education program.
  - (p) Demonstration of recent active clinical practice during the last two years required for exercise of clinical privileges.
- (4) The clinical department chief shall be responsible for investigating and verifying the character, qualifications and professional standing of the applicants by making inquiry of the primary source of such information and shall within thirty days of receipt of the completed application, submit a report of those findings along with a recommendation on medical staff membership and clinical privileges to the applicant's respective CHRI section chief. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of applications for associates to the medical staff.
- (5) The section chiefs shall receive all initial signed and verified applications from the appropriate clinical department chief and shall make a recommendation to the director of medical affairs on each application. The director of medical affairs shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the professional affairs committee, and the medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information. The

director of medical affairs shall forward all completed applications to the credentials committee.

- (6) The applicants shall have the burden of producing information for an adequate evaluation of his/her qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn, action which is not subject to hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.
- (7) If the clinical department chief does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the director of medical affairs for presentation to the credentials committee on the same basis as other applicants.
- (8) Completed applications shall be acted upon as follows:
  - (a) By the credentials committee within thirty days after receipt of a completed application from the director of medical affairs;
  - (b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report of the recommendation of the credentials committee;
  - (c) By the professional affairs committee of the medical center board;
  - (d) By the medical center board within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee; and
  - (e) By the medical center board, or a subcommittee of the medical center board if eligible for expedited credentialing, within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.
- (9) These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-111-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.
- (10) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the clinical department chief's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct qualifications, and ethical standing of the applicant and shall determine, through information contained in the personal references and from other sources available, whether the applicant established and met all of the necessary qualifications for the category of the medical staff and clinical privileges requested.
- (11) The credentials committee shall, within thirty days from receipt of a completed application, make a recommendation to the director of medical affairs that the

application be accepted, rejected or modified. The director of medical affairs shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the director of medical affairs may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session.

- (12) The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the director of medical affairs, along with the recommendation of the director of medical affairs, to the professional affairs committee of the medical center board, and thereafter to the medical center board. When the medical center board has acted, the chair of the medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the respective section chief.
  - (13) At any time, the medical staff administrative committee first recommends non-appointment of an initial applicant for any category of the medical staff or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the director of medical affairs to notify the applicant by certified return receipt mail that applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-111-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-111-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-111-06 of the Administrative Code. If an applicant fails to properly request a hearing, the medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.
  - (14) The director of medical affairs, who may make a separate recommendation to the medical center board, shall directly communicate the final recommendation of the medical staff administrative committee to the medical center board. When the medical center board has acted, the director of medical affairs will transmit the final decision to the clinical department chief, the applicant, the respective section chief, and the Ohio state university board of trustees.
- (F) Procedure for reappointment.
- (1) Reappointment for all categories of the medical staff shall be for a period not to exceed twenty-four months. An appointment or grant of privileges for a period of less than twenty-four months shall not be deemed an adverse action. At least ninety days prior to the end of the medical staff member's or licensed allied health professional's appointment period, the clinical department chief shall provide each individual with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee.
  - (2) The reappointment application shall include all information necessary to update and evaluate the qualification of the applicant. The clinical department chief shall review the information available on each applicant for reappointment and shall make recommendations regarding reappointment to the medical staff and for granting of privileges for the ensuing appointment period. The clinical department chief's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the appropriate section chief at least forty-five days prior to the end of the individual's appointment. The

terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Only completed applications for reappointment shall be considered by the credentials committee.

- (3) An application for reappointment is complete when all the information requested ~~has been submitted and/or verified~~ on the reappointment application is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application must contain:

~~(a)~~ (a) Peer recommendation from an individual(s) knowledgeable about the applicant's clinical and professional skills when sufficient information concerning the applicant is not available within the clinical department;

~~(b)~~ (a) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges;

~~(c)~~ (b) Verification by primary source documentation of state licensure;

~~(d)~~ (c) DEA registration when required for clinical privileges as requested;

~~(e)~~ (d) Successful completion or record of any additional post graduate medical or professional education not submitted since initial or last appointment;

~~(f)~~ (e) Board certification, recertification, or continued active candidacy for certification;

~~(g)~~ (f) Information from the national practitioner data bank;

~~(h)~~ (g) Verification that the applicant has not been excluded from any federally funded health care program;

~~(i)~~ (h) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines;

~~(j)~~ (i) Specific requests for any changes in medical staff category;

~~(k)~~ (j) A summary of the member's clinical activity during the previous appointment period;

~~(l)~~ (k) Verification of completion of any annual education requirements as set forth in the university integrity and HIPAA programs;

~~(m)~~ (l) Complete disclosure by individuals of claims, suits, verdicts and settlements, if any since last appointment; and

~~(n)~~ (m) Continuing medical education and applicable continuing professional education activities: documentation of category one CME that, at least in part, relates to the individual medical staff member's specialty or subspecialty area and is consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.

~~(o)~~ (n) Attending physicians only: submit information summarizing clinical research activities with each application.



- (4) The applicant for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The clinical department chief shall review and evaluate the reappointment application and the supporting documentation. The clinical department chief shall evaluate all matters relevant to recommendation, including: the applicant's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs, if applicable; compliance with the bylaws, rules and regulations of the medical staff, the medical center board, and the board of trustees of the Ohio state university; cooperation with the CHRI hospitals personnel and the use of the CHRI hospital's facilities for patients; relations with other physicians other health professionals or other staff; maintenance of a professional attitude toward patients; and the responsibility to the CHRI and the public.
- (5) The clinical department chief shall submit a report of those findings along with a recommendation on reappointment to the applicant's respective CHRI section chief. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of application for associates to the medical staff. The section chief shall review the reappointment application and forward to the director of medical affairs with a recommendation for reappointment. The director of medical affairs shall forward the reappointment forms and the recommendations of the clinical department chief and section chief to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority, as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for continuing clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that all medical staff members deliver the same level of quality of care with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.
- (6) The credentials committee shall forward its recommendations to the director of medical affairs at least thirty days prior to the end of the period of appointment for the individual. The director of medical affairs shall transmit the completed reappointment application and recommendation of the credentials committee to the medical staff administrative committee.
- (7) Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges at the end of the medical staff member's current appointment period, action which shall not be subject to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically terminated shall be processed as a new appointment.
- (8) Failure of the clinical department chief to act in a timely manner on an application for reappointment shall be the same as provided in paragraph (E)(7) of this rule.
- (9) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for appointment to the medical staff and shall accept, reject, or modify the request for reappointment in the same manner and with the same

authority as an original application. The recommendation of the medical staff administrative committee regarding reappointment shall be communicated by the director of medical affairs, along with the recommendation of the director of medical affairs, to the professional affairs committee of the medical center board, and thereafter to the medical center board. When the medical center board has acted, the chair of the medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the section chief.

- (10) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension, or revocation of clinical privileges, the medical staff administrative committee shall instruct the director of medical affairs to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (C) of rule 3335-111-06 of the Administrative Code apply. The notice by the director of medical affairs shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.
- (11) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-111-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(G) Resumption of clinical activities following a leave of absence:

- (1) A member shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the director of medical affairs. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the director of medical affairs provided, however, such leave shall not extend beyond the term of the member's current appointment. A member of the medical staff who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the director of medical affairs and the member shall be placed on immediate medical leave of absence until such time the member can demonstrate to the satisfaction of the director of medical affairs that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.
- (2) The member must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and the professional affairs committee of the medical center board. The credentials committee, the director of medical affairs, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any

documentation, including advice and consultation from the member's treating physician or the committee for licensed independent practitioner health that might have a bearing on the medical staff member's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

- (3) All members of the medical staff who take a leave of absence for medical or non-medical reasons must be in good standing on the medical staff upon resumption of clinical activities. No member shall be granted leave of absence in excess of his or her current appointment and the usual procedure for appointment and reappointment, including deadlines for submission of application as set forth in this rule will apply irrespective of the nature of the leave. Absence extending beyond his or her current term of failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff, and in such event, the member shall not be entitled to a hearing or appeal.

#### 3335-111-05 Peer review and corrective action.

##### (A) Informal peer review.

All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the CHRI ~~and by the individual medical staff member. Such activities may include the handling and information indicating a need for informal review, of complaints, including patient complaints, disagreements, questions of clinical competence, or inappropriate conduct and variation variations in clinical practice identified by the clinical sections or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee. The practitioner evaluation committee chair, or his or her designee, will consult with the affected medical staff member and obtain information or opinions from knowledgeable persons within the medical center as well as external peer review consultants, pursuant to criteria outlined in these bylaws. Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing. At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to. The resulting information from such activities shall be furnished to the applicable clinical department chief and if applicable academic department chair and section chief and the director of medical affairs. Upon review by the section chief, and with concurrence of the director of medical affairs, the review activity may result in consultation with the medical staff member, recommendations for educational actions or additional training, sharing of comparative data, monitoring, informal letters of reprimand or warning or other methods of guidance to the medical staff member to assist them in improving the quality of patient care outside of the mechanism for formal review in paragraph (B) of this rule. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing. In each case under review, The clinical department chief and the director of medical affairs shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination shall be made by the section chief and the director of medical affairs on whether:~~

- (1) The ~~complaint~~ matter warrants no further action;
  - (2) Informal ~~review~~ resolution under this paragraph is ~~warranted; or appropriate.~~  
The clinical department chief and the director of medical affairs shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or
  - (3) Formal peer review under paragraph (B) of this rule is warranted. In cases where the ~~section~~ clinical department chief and director of medical affairs cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule. ~~The section chief and the director of medical affairs shall determine whether it is appropriate to include documentation of such actions in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response, which shall also be placed in the member's file.~~
- (B) Formal peer review.
- (1) Formal peer review may be requested in more serious situations or where informal review has not resolved an issue or whenever the activities or professional conduct of a member of the medical staff of the CHRI:
    - (a) Violates the standards or aims of the medical staff or standards of professional conduct;
    - (b) Is considered to be disruptive to the operation of the CHRI;
    - (c) Violates the bylaws, rules and regulations of the medical staff, the medical center board, or the board of trustees of the Ohio state university;
    - (d) Violates state or federal law; or
    - (e) Is detrimental to patient safety or to the delivery of patient care within the CHRI.
  - (2) Formal peer review may be initiated by the clinical department chief, the section chief, the director of medical affairs, any member of the medical staff, the chief executive officer of the CHRI, the dean of the college of medicine, any member of the medical center board, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the director of medical affairs, and shall be supported by reference to the specific activities or conduct which constitute grounds for the requested action.
  - (3) The director of medical affairs shall promptly notify the affected member of the medical staff, in a confidential manner, that a request for formal peer review has been made, and inform the member of the specific activities or conduct which constitute grounds for the requested action. The director of medical affairs shall verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the director of medical affairs decides that no further action is warranted, the director of medical affairs

shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action would be taken.

- (4) Whenever the director of medical affairs determines that formal peer review is warranted and that a reduction, suspension or revocation of clinical privileges could result, the director of medical affairs shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings. The senior vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the director of medical affairs under these rules for implementing corrective action and appellate procedure only if:
  - (a) The director of medical affairs is the medical staff member charged;
  - (b) The director of medical affairs is responsible for having the charges brought against another medical staff member; or
  - (c) There is an obvious conflict of interest.
- (5) The formal peer review committee shall investigate every request and shall report in writing within thirty days its findings and recommendations for action to the appropriate clinical department chief and notice given to the section chief. In making its recommendation the formal peer review committee may consider as appropriate, relevant literature and clinical practice guidelines, all the opinions and views expressed throughout the review process, and any information or explanations provided by the member under review. Prior to making its report, the medical staff member against whom the action has been requested shall be afforded an opportunity for an interview with the formal peer review committee. At such interview, the medical staff member shall be informed of the specific activities alleged to constitute grounds for formal peer review, and shall be afforded the opportunity to discuss, explain or refute the allegations against the medical staff member. The medical staff member may furnish written or oral information to the formal peer review committee at this time. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview.
- (6) Upon receipt of the written report from the formal peer review committee, the appropriate clinical department chief shall, within seven days, make his or her own written determination and forward that determination along with the findings and recommendations of the formal peer review committee to the director of medical affairs, or if required by paragraph (B)(3) of this rule, to the senior vice president for health sciences or designee.
- (7) Following receipt of the recommendation from the clinical department chief and the report from the formal peer review committee, the director of medical affairs, or the senior vice president for health sciences or designee, shall have ten days to approve or to modify the determination of the clinical department chief. Following receipt of the report of the clinical department chief, the director of medical affairs or senior vice president for health sciences or designee shall decide whether the grounds for the requested corrective action are such as should result in a reduction, suspension or revocation of clinical privileges. If the director of medical affairs, or senior vice president for health sciences or designee, decides the grounds are not substantiated, the director

of medical affairs will notify the formal peer review committee; clinical department chief and if applicable, the academic department chairperson; section chief; person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

In the event the director of medical affairs or senior vice president for health sciences or designee finds the grounds for the requested corrective action are substantiated, the director of medical affairs shall promptly notify the affected medical staff member of that decision and of the affected medical staff member's right to request a hearing before the medical staff administrative committee pursuant to rule 3335-111-06 of the Administrative Code. The written notice shall also include a statement that the medical staff member's failure to request a hearing in the timeframe prescribed in rule 3335-111-06 of the Administrative Code shall constitute a waiver of rights to a hearing and to an appeal on the matter; a statement that the affected medical staff member shall have the procedural rights found in rule 3335-111-06 of the Administrative Code; and a copy of the rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the director of medical affairs shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

- (8) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.
- (9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(C) Composition of the formal peer review committee.

- (1) When the determination that formal peer review is warranted is made, the clinical department chief shall select three members of the medical staff to serve on a formal peer review committee.
- (2) Whenever the questions raised concern the clinical competence of the member under review, the clinical department chief shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.
- (3) An outside review consultant may serve as a member of the formal peer review whenever:
  - (a) A determination is made by the clinical department chief and the director of medical affairs that the clinical expertise needed to conduct the review is not available on the medical staff;
  - (b) The objectivity of the review may be compromised due to economic considerations; or

- (c) Whenever the director of medical affairs determines that an outside review is otherwise advisable.

If an outside reviewer is recommended, the clinical department chief shall make a written recommendation to the director of medical affairs for selection of an outside reviewer. The director of medical affairs shall make the final selection of an outside reviewer.

(D) Summary suspension.

- (1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of clinical privileges immediately suspended or appointment terminated by the chief executive officer or section chief, whenever such action must be taken ~~in the best interest of patient care~~ when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the chief executive officer will subsequently notify the medical staff member in writing of the suspension. Such notice shall be by certified return receipt mail to the affected medical staff member's last known address as determined by university records.
- (2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to appeal the suspension pursuant to rule 3335-111-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief executive officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the affected member's right to any review by the medical staff administrative committee of which the member might otherwise been entitled. If a timely, written request for a hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.
- (3) Immediately upon the imposition of a summary suspension, the chief executive officer in consultation with the appropriate section chief, shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the hospital at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension.

- (1) Notwithstanding the provisions of this rule, a temporary ~~suspension in the form of withdrawal~~ lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief executive officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff.
- (2) Action by the state boards of licensure revoking or suspending a medical staff member's licensure or placing the member on probation shall automatically impose the same restrictions to that member's CHRI medical staff privileges.

- (3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member's appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of such suspension, the medical staff member shall be deemed to have voluntarily terminated his or her appointment and privileges.
- (4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall be immediately and automatically suspended until such time as the exclusion, debarment, or prohibition is lifted.
- (5) If a medical staff member pleads guilty to or is found guilty of a felony which involves violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member's appointment and privileges shall be immediately and automatically terminated.
- (6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.
- (7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.
- (8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-111-06 of the Administrative Code as a result of an automatic suspension or termination. As soon as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule. (B/T 9/1/93, B/T 5/2/97, B/T 9/1/99, B/T 10/1/99, B/T 12/3/99, B/T 4/5/2002, B/T 9/6/2002, B/T 2/6/2004, B/T 11/4/2005, B/T 2/6/2009, B/T 9/18/09, 10/29/2011)

3335-111-06 Hearing and appellate review procedure.

- (A) Right to hearing before the medical staff administrative committee and to appellate review.
  - (1) When a member of the medical staff has exhausted remedies under paragraph (F) of rule 3335-111-04 of the Administrative Code on reappointments; or under rule 3335-111-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-111-05 of the Administrative Code receives notice of a proposed action by the chief executive officer or the director of medical affairs that will adversely affect reappointment as a member of the medical staff or the exercise of clinical privileges, the staff member shall be entitled to an adjudicatory hearing.



- (2) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.
- (B) Request for hearing.
- (1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief executive officer within thirty-~~one~~ days of notifications by the chief executive officer of the intended action. The chief executive officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.
  - (2) The failure of a medical staff member to request a hearing to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the member's right to any review by the medical staff administrative committee to which the member might otherwise be entitled. The chief executive officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the medical center board as provided for in paragraph (E) of this rule. The chief executive officer shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.
- (C) Notice of hearing.
- (1) After receipt of a timely request for hearing by the chief executive officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief executive officer, and shall at the next scheduled meeting take the following action:
    - (a) Instruct the director of medical affairs and chief of staff to jointly appoint within seven days a hearing committee, consisting of three to five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the peer review of the matter under consideration.
    - (b) Instruct the hearing committee to schedule and arrange for a hearing ~~or hearings~~ which ~~initial hearing or meeting~~ hearing shall be conducted not less than thirty nor more than sixty days from the date of the receipt of the request for a hearing by the chief executive officer. However, an initial hearing or meeting for a medical staff member who is under summary suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.
  - (2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that the medical staff member may waive this notice in writing. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative charts or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

- (1) The hearing committee shall select a chairperson from the committee ~~membership~~ to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination. The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than two members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken the action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

- (2) An accurate record of the hearing shall be kept. The record shall be done by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the affected member's expense.
- (3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived the right to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The hearing committee may, at its own discretion, proceed with the hearing without the medical staff member and impose a sanction.
- (4) Postponements of hearings beyond the time set forth in this chapter shall be made only with the approval of the medical staff administrative committee. Granting of such postponement shall be only for good cause shown.
- (5) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.
- (6) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to

the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his/her own behalf, the member may be called and examined as if under cross-examination.

- (7) The hearing committee shall request the person who has taken the action from which the affected medical staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any party's witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written.
- (8) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may limit its proceedings when sufficient material has been received. The parties may be required to provide evidence in oral or written form. Upon conclusion of the presentation of evidence the hearing shall be closed. The hearing committee may there upon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.
- (9) Within sixty days after its appointment, unless otherwise extended by the medical staff administrative committee, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation presented by the parties to the medical staff administrative committee. The affected member shall be notified of the recommendation of the hearing committee including a statement of the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.
- (10) Within fourteen days after the conclusion of the taking of all evidence and of all hearings, the medical staff administrative committee shall make a written report of its findings and its recommendation and shall forward the same together with the hearings record and all other documentation to the chairperson of the medical center board. Notice of that decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records by the director
- (11) The decision and record of the medical staff administrative committee shall be transmitted to the professional affairs committee of the medical center board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The professional affairs committee of the

medical center board may accept, reject, or modify the decision of the medical staff administrative committee.

- (12) The recommendation of the professional affairs committee of the medical center board shall be promptly considered by the medical center board at its next scheduled meeting. The medical center board may accept, reject, or modify the recommendation of the professional affairs committee of the medical center board.
- (13) A copy of the medical center board decision shall be sent by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal process.

- (1) Within thirty days after receipt of a notice by an affected medical staff member of the action of the medical staff administrative committee the staff member may, by written notice to the chairperson of the medical center board, request an appeal. Such appeal shall only be held on the record before the medical staff administrative committee.
- (2) If an appeal is not requested within the thirty-day period, the affected medical staff member shall be deemed to have waived the right to an appeal, and to have accepted such adverse decision.
- (3) The appeal shall be conducted by the professional affairs committee of the medical center board.
- (4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the medical staff administrative committee and all other material, favorable or unfavorable, that have been considered by that committee. The member shall then submit a written factual statement specifying those factual and procedural matters with which the member disagrees, and the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the professional affairs committee of the medical center board no later than seven days following the date of the affected member's notice of appeal.
- (5) New or additional matters not raised during the hearing procedure or in the medical staff administrative committee hearings shall only be introduced on appeal at the sole discretion of the professional affairs committee of the medical center board.
- (6) Within fourteen days following submission of the written statement by the affected medical staff member, the professional affairs committee shall recommend to the medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.
- (7) Any final decision by the medical center board shall be communicated by the chief executive officer by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university

records. The chief executive officer shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine, the chief medical officer of OSU ~~health system~~ medical center, the vice president for health services, the director of medical affairs, chief of staff, the section chief, clinical department chief and the academic department chairperson and the person(s) who initiated the request for formal peer review. The chief executive officer shall take immediate steps to implement the final decision.

3335-111-07 Categories of the medical staff.

The medical staff of the CHRI shall be divided into honorary, attending, associate attending, clinical attending, community associate attending, and limited designations. All medical staff members with admitting privileges may admit patients in accordance with state law and criteria for standards of care established by the medical staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration and demonstration of recent active clinical practice during the last two years, but are otherwise subject to the provisions of these bylaws.

(A) Honorary staff.

The honorary staff will be composed of those individuals who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature in an oncology field of interest. The honorary staff designation is awarded by the medical center board on the recommendation of the chief executive officer of the CHRI, senior vice president for health sciences, section chief, or the credentials committee after approval by the medical staff administrative committee. This is a lifetime appointment. Honorary staff are not entitled to patient care privileges.

(B) Attending medical staff.

(1) Qualifications:

The attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who are licensed in the state of Ohio, whose practice is at least seventy-five percent oncology and with a proven career commitment to oncology as demonstrated by the majority of the following:

Training,  
Current board certification (as specified in rule 3335-111-04(A)(5) of the Administrative Code),  
Publications,  
Grant funding,  
Other funding and experience (as deemed appropriate by the chief executive officer and the section chief);

and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

Attending staff members may:

- (a) Admit patients consistent with the balanced teaching and patient care responsibilities of the CHRI. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following

consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

- (b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.
- (c) Vote on all matters presented at general and special meetings of the medical staff and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.
- (d) Hold office in the medical staff organization, clinical departments and committees of which they are a member, unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.

(3) Responsibilities:

An attending staff member shall:

- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
- (b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom he or she is providing care, or arrange a suitable alternative for such care and supervision.
- (c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such staff functions as may be required from time to time.
- (d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.
- (e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services that the limited staff member is competent to perform under supervision.
- (f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(C) Associate attending staff.

(1) Qualifications:

The associate attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who do not qualify for attending staff appointment.

(2) Prerogatives:

The associate attending staff may:

- (a) Admit patients consistent with the balanced teaching and patient care responsibilities of the institution. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the associate attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.
- (b) Be free to exercise such clinical privileges as are granted pursuant to the bylaws.
- (c) Vote on all matters presented at general and special meetings of the medical staff and committees of which he or she is a member unless otherwise provided by resolution of the staff, clinical department or committee and approved by the medical staff administrative committee.
- (d) The associate attending staff member may not vote on amendments to the bylaws.

(3) Responsibilities:

Associate attending staff members shall:

- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
- (b) Retain responsibility within the member's care area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.
- (c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.
- (d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(D) Clinical attending staff.

(1) Qualifications:

The clinical attending staff shall consist of those clinical faculty members of the colleges of medicine and dentistry who have training, expertise, and experience in oncology, as determined by the chief executive officer in consultation with the section chief and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

The clinical attending staff may:

- (a) Admit patients which complement the research and clinical teaching program. At times when hospital beds or other resources are in short supply, patient admissions of clinical staff shall be subordinate to those of attending or associate attending staff.
- (b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.
- (c) Attend meetings as non-voting members of the medical staff and any medical staff or hospital education programs. The clinical attending staff may not hold elected office in the medical staff organization.

(3) Responsibilities:

- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
- (b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.
- (c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.
- (d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.
- (e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.
- (f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(E) Community associate attending staff.



(1) Qualifications:

The community associate attending staff shall consist of those applicants who do not have faculty appointments in any of the academic units of the Ohio state university and who are licensed in the state of Ohio and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code. All applications for appointment and reappointment to the community associate attending staff shall be made to the chief executive officer for initial evaluation. The chief executive officer shall consult with the clinical department chief and the chairperson of the appropriate academic department and when appropriate may refer each application for completion of the appointment procedure in accordance with pertinent requirements of paragraph (E) or (F) of rule 3335-111-04 of the Administrative Code. The approval of the clinical department chief and the academic department chairperson or section chief shall not be required.

(2) Prerogatives:

The community associate attending staff members may:

- (a) Provide consulting services to James patients.
- (b) Admit patients when the primary diagnosis is cancer or cancer-related.
- (c) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.
- (d) Attend all meetings of the medical staff as non-voting members and attend any and all medical staff or hospital education programs. The community associate attending staff member may not hold elected office in the medical staff organization except to serve as a non-voting, ex-officio member of medical staff committees if appointed pursuant to these rules.

(3) Responsibilities:

The community associate attending staff members shall:

- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
- (b) Retain responsibility within their care area of professional competence for the continuous care and supervision of each patient for whom the member is providing care, or arrange a suitable alternative for such care and supervision.
- (c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.
- (d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at staff meetings and meetings of those committees of which they are a member.

- (e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs.

(F) Limited staff.

Limited staff are not considered members of the medical staff, do not have delineated clinical privileges, and do not have the right to vote in general medical staff elections. Except where expressly stated, limited staff are bound by the terms of these bylaws, rules and regulations of the medical staff and the limited staff agreement.

(1) Qualifications:

The limited staff shall consist of allopathic and osteopathic physicians, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a postdoctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws. The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state medical board, or the limited staff member's respective licensing board.

Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Responsibilities:

The limited staff shall:

- (a) Be responsible to respond to all questions and complete all forms as may be required by the credentials committee.
- (b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.
- (c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending, associate attending, clinical attending or community associate attending medical staff. The limited staff member shall follow all rules and regulations of the service to which he or she is assigned, as well as the general rules of the CHRI pertaining to limited staff.
- (d) Serve as full members of the various medical staff committees in accordance with established committee composition as described in

these bylaws and/or rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization, but may vote on committees to which the limited staff member is assigned.

- (e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or subspecialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical department chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.
- (f) Appeal by a member of the limited staff of probation, lack of reappointment, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective academic department or training program and approved by the director of medical affairs and the Ohio state ~~university health system's~~ university's graduate medical education committee as delineated in the limited staff agreement. Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-111-05 and 3335-111-06 of the Administrative Code.

(3) Failure to meet reasonable expectations:

Failure to meet reasonable expectations may result in sanctions including but not limited to probation, lack of reappointment, suspension or termination. Termination of limited staff member status shall result in automatic termination of the limited staff member's residency or fellowship appointment pursuant to these bylaws.

(4) Temporary appointments:

- (a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the ~~medical director of the health system~~ associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. The appointment shall not exceed sixty days.
- (b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the ~~medical director of the health system~~ associate dean for graduate medical education, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In

such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

(5) Supervision:

Limited staff members shall be under the supervision of an attending, associate attending, clinical attending or community associate attending medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending, associate attending, clinical attending or community associate attending medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending, associate attending, clinical attending or community associate attending medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending, associate attending, clinical attending or community associate attending medical staff member or the director of the training program.

- (a) Limited staff members may write orders for the care of patients under the supervision of the attending, associate attending, clinical attending or community associate attending medical staff member.
- (b) All records of limited staff member cases must document involvement of the attending, associate attending, clinical attending or community associate attending medical staff member in the supervision of the patient's care to include co-signature of the history and physical, operative report, and discharge summary.

(G) Associates to the medical staff.

(1) Qualifications:

Licensed health care professionals are those professionals who possess a license, certificate or other legal credential required by Ohio law to provide direct patient care in a hospital setting, but who are not acting as licensed independent practitioners.

(2) Due process:

Licensed health care professionals are subject to corrective action for violation of these rules, their certificate of authority, standard care agreement, utilization plan or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, the clinical department chief, the chairperson of an academic department, the section chief or the director of medical affairs. All requests shall be in writing and be submitted to the director of medical affairs.

The director of medical affairs shall appoint a three-person committee to review the situation and recommend appropriate corrective action, including termination or suspension of clinical privileges. The committee shall consist of at least one licensed health care professional licensed in the same field as the individual being reviewed, if available, and one medical staff member. The committee shall make a written recommendation to the director of medical

affairs, who may accept, reject or modify the recommendation. The decision of the director of medical affairs shall be final.

(H) Clinical privileges.

(1) Delineation of clinical privileges:

- (a) Every person practicing at the CHRI by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed allied health professional by the medical center board after recommendation from the medical staff administrative committee.
- (b) Each clinical department and CHRI section shall develop specific clinical criteria and standards for the evaluation of privileges with emphasis on invasive or therapeutic procedures or treatment which represent significant risk to the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the medical center board.
- (c) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.
- (d) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the director of medical affairs. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible, the review should be of primary source information. The applicant shall have the burden of establishing qualifications and competence in the clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.
- (e) The applicant's request for clinical privileges and the recommendation of the clinical department chief shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-111-04 of the Administrative Code.
- ~~(f) A leave of absence from clinical privileges for voluntary or involuntary medical reasons, for greater than thirty days, must be requested by each~~

~~medical staff member in writing and be referred to the director of medical affairs office, whenever the medical reason for the leave relates to the medical staff member's possession of the necessary health status to exercise the clinical privileges granted to him or her, or to fulfill the essential functions of his or her appointment to the medical staff, with or without reasonable accommodation. The director of medical affairs may notify the committee for licensed independent practitioner health. This section does not mean that members of the medical staff may not have a duty to self report absences of less than thirty days to the section chief when the absence is based upon the ability to exercise and fulfill essential functions of his or her clinical privileges or medical staff appointment.~~

~~(g) After a leave for medical reasons of greater than thirty days, a written request for reinstatement must be reviewed and approved by the director of medical affairs in consultation with the committee for licensed independent practitioner health, if necessary. Upon return from a leave of absence for medical reasons, the medical staff member must demonstrate his/her ability to exercise his/her clinical privileges upon return to clinical activity. The credentials committee, the director of medical affairs, the section chief or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the committee on physician health that might have a bearing on the medical staff member's ability to carry out the clinical and educational responsibilities for which the medical staff member is seeking privileges. The committee for licensed independent practitioner health will have the responsibility to consider and recommend reasonable accommodations that will enable the medical staff member to practice in a safe and acceptable manner. Any accommodation must be arranged and implemented prior to the exercise of clinical privileges.~~

(f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioners' professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPR and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the medical center board.

(g) Medical staff members authorize the CHRI and clinics to share amongst themselves credentialing, quality and peer review information pertaining to the medical staff member's clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member's medical staff appointment to the medical staff of the CHRI.

(2) Temporary and special privileges:

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed allied health professional upon completion of an application prescribed by the medical staff administrative committee, upon

recommendation of the chief of the clinical department, and approval by the director of medical affairs. The director of medical affairs, acting as a member and on behalf of the medical center board, has been delegated responsibility by the medical center board to grant approval of temporary privileges. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient care need and shall not be granted for a period of ~~more than ninety~~ not to exceed one hundred twenty days.

- (b) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental boards.
- (c) Temporary privileges granted for locum tenures may be exercised for a maximum of one hundred twenty days, consecutive or not, any time during the twenty-four month period following the date they are granted
- (d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.
- (e) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.
- ~~(e)~~(f) Special privileges -- upon receipt of a written request for specific temporary clinical privileges and the approval of the clinical department chief, the chairperson of the academic department and the director of medical affairs, an appropriately licensed practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special clinical privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in rule 3335-111-04 of the Administrative Code.
- ~~(d)~~ A physician may employ or utilize the services of a non-licensed professional assistant in the administration of patient care if this assistant has a defined job description, has received credentials review and approval by the appropriate CHRI reviewing body, and is operating within existing CHRI standards, policies, and procedures. The physician will be responsible for all patient care activities performed on his or her behalf.
- ~~(e)~~(g) The temporary and special privileges must also be in conformity with the joint commission on accreditation of health care organizations' accrediting bodies' standards and the rules and regulations of professional boards of Ohio.

(3) Expedited privileges:

If the medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, eligible applicants may be granted expedited privileges by the professional affairs committee ~~or a subcommittee~~ of the medical center board ~~consisting of two voting members of~~

~~the medical center board, the director of medical affairs and the chief of staff pursuant to the medical staff policy and the medical center board resolution. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgment against the applicant, or a challenge by a state licensing board.~~

(4) Podiatric privileges:

- (a) Practitioners of podiatry may admit patients to the CHRI if such patients are being admitted solely to receive care that a podiatrist may provide without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy shall:
  - (i) Be responsible for any medical problems that the patient has while an inpatient of the CHRI; and
  - (ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.
- (b) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.
- (c) The podiatrist shall be responsible to the chief of the department of orthopaedics.

(5) Psychology privileges:

- (a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise unless otherwise authorized by law.
- (b) Psychologists may not admit patients to the CHRI, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the CHRI. In ambulatory settings, psychologists shall diagnose and treat their patient's psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.



- (c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.

(6) Dental privileges:

- (a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the CHRI if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.
- (b) A member of the medical staff who is a doctor of medicine or osteopathy:
  - (i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and
  - (ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnoses or therapeutic interventions defined by the medical staff.
- (c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

(7) Oral and maxillofacial surgical privileges:

All patients admitted to the CHRI for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Licensed allied health professionals:

- (a) Clinical privileges may be exercised by licensed allied health professionals who are duly licensed in the state of Ohio and who are either:
  - (i) Members of the faculty of the Ohio state university, or
  - (ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or
  - (iii) Employees of members of the medical staff.
- (b) A licensed allied health professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed allied

health professionals may perform all or part of the medical history and physical examination of the patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.

- (c) Licensed allied health professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-111-04 of the Administrative Code.
- (d) Licensed allied health professionals are not members of the medical staff, shall have no authority to admit or co-admit patients to the CHRI, and shall not be eligible to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.
- (e) Each licensed allied health professional shall be individually assigned to a clinical department and shall be sponsored by one or more members of the medical staff. The licensed health care professional's clinical privileges are contingent upon the sponsoring medical staff member's privileges. In the event that the sponsoring medical staff member loses privileges or resigns, the licensed health care professionals whom he or she has sponsored shall be placed on administrative hold until another sponsoring medical staff member is assigned. The new sponsoring medical staff member must be assigned less than thirty days.
- (f) Licensed allied health professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.
- (g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed allied health professional:
  - (i) Current license, certification, or other legal credential required by Ohio law;
  - (ii) Certificate of authority, standard care agreement, or utilization plan;
  - (iii) Education, training, professional background and experience, and professional competence;
  - (iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed allied health professional subcommittee and the quality management department of the Ohio state university medical center;
  - (v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law;
  - (vi) Evidence of required immunization;
  - (vii) Evidence of good personal and professional reputation as established by peer recommendations;

- (viii) Satisfactory physical and mental health to perform requested clinical privileges; and
  - (ix) Ability to work with members of the medical staff and the CHRI employees.
- (h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the CHRI that any patient cared for by the licensed allied health professional seeking clinical privileges shall be given quality care, and that the efficient operation of the CHRI will not be disrupted by the applicant's care of patients in the CHRI.
- (i) By applying for clinical privileges as a licensed allied health professional, the applicant agrees to the following terms and conditions:
- (i) The applicant has read the bylaws and rules and regulations of the medical staff of the CHRI and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable CHRI policies that the CHRI may from time to time put into effect;
  - (ii) The applicant releases from liability all individuals and organizations who provide information to the CHRI regarding the applicant and all members of the medical staff, the CHRI staff and the medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant;
  - (iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the CHRI;
  - (iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed allied health professional is a member of the medical staff; and
  - (v) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.
- (j) ~~A medical staff member may employ or utilize the services on a non-licensed allied health professional, professional assistant in the administration of patient care if this assistant has a defined job description, has received credentials review and approval by the appropriate hospital reviewing body and is operating within existing standards, policies and procedures of the CHRI. The medical staff member shall be responsible for all patient care activities performed on the medical staff member's behalf. Licensed allied health care professionals shall be subject o quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director of quality or the chief quality officer. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer, unless delegated to the medical~~

director of quality, shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed allied health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, unless delegated to the medical director of quality, who may accept, reject, or modify the recommendation. The chief quality officer, unless delegated to the medical director of quality forwards his or her recommendation to the director of medical affairs for final determination.

(k) Appeal process.

- (i) A licensed health care professional may submit a notice of appeal to the chairperson of the professional affairs committee within fourteen days of receipt of written notice of any adverse corrective action pursuant to these bylaws.
- (ii) If an appeal is not so requested within the fourteen-day period, the licensed allied health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the director of medical affairs.
- (iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed allied health care professional under review. The licensed allied health care professional under review shall have the opportunity to present any additional information deemed relevant to the review and appeal of the decision.
- (iv) The affected licensed allied health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed allied health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review committee no later than seven days following the date of the licensed allied health care professional's notice of appeal.
- (v) New or additional matters shall only be considered on appeal at the sole discretion of the professional affairs committee.
- (vi) Within thirty days following submission of the written statement by the licensed allied health care professional, the chief of staff shall make a final recommendation to the chair of the professional affairs committee of the medical center board. The professional affairs committee of the medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state medical center board that the adverse decision be affirmed, modified or rejected, or to refer the

matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.

(vii) Any final decision by the medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed allied health care professional as determined by the university records. The chief quality officer shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine, the chief executive officer of the CHRI and the vice president for health services and the chief of the applicable clinical department or departments. The chief quality officer, unless delegated to the medical director of quality, shall take immediate steps to implement the final decision.

(9) Emergency privileges:

In the case of an emergency, any member of the medical staff to the degree permitted by the member's license and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the CHRI necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition that would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(10) Disaster privileges:

Disaster privileges may be granted in order to provide voluntary services during a local, state or national disaster in accordance with hospital/medical staff policy and only when the following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the director of medical affairs or his or her designee to fully licensed, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the director of medical affairs temporary privileges are granted thereafter.

(11) Telemedicine:

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Diagnosis and treatment of a patient may now be performed via telemedicine link.

(a) A member of the medical staff who wishes to utilize electronic technologies (telemedicine) to render care must so indicate on the application for clinical privileges form.

(b) A member of the medical staff may request to exercise via telemedicine the same clinical privileges he or she has already been granted. The credentials committee, the chief of the clinical service, the director of

medical affairs or the medical staff administrative committee, and the medical center board shall have the prerogative of requiring documentation or making a determination of the appropriateness of the exercise of a particular specialty/subspecialty via telemedicine.

3335-111-08 Organization of the CHRI medical staff.

(A) The chief executive officer.

(1) Method of appointment:

The chief executive officer shall be appointed by the board of trustees of the Ohio state university upon recommendation of the president, senior vice president for health sciences, and the vice president for health services following consultation with the medical center board in accordance with university bylaws, rules and regulations. The chief executive officer shall be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The chief executive officer shall be responsible for the conduct of teaching, research, and CHRI service activities of the facility, including continuing compliance with all appropriate quality assurance standards, ethical codes, or other monitoring or regulatory requirements. The chief executive officer shall be a member of all committees of the CHRI.

(B) The director of medical affairs.

(1) Method of appointment:

The director of medical affairs shall be appointed by the senior vice president for health sciences upon recommendation by the chief executive officer. The director of medical affairs shall be the chief medical officer of the CHRI and shall be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The director of medical affairs shall be responsible to the chief executive officer, the ~~medical director of the Ohio state university health system~~ senior vice president of the medical center, the CHRI hospital board, and the medical center board for the quality of patient care provided in the CHRI. The director of medical affairs shall assist the chief executive officer in the administration of medical affairs including quality assurance and credentialing.

(C) The chief medical officer.

The chief medical officer is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state medical center board bylaws.

(D) The chief quality officer.

The chief quality and patient safety officer of the Ohio state university medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer and works collaboratively with clinical leadership of the medical center, including director of medical affairs for the CHRI, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

~~(C)~~(E)The sections.

Each member of the attending, associate attending, clinical, limited, and honorary staff shall be assigned to a CHRI section by the chief executive officer upon the recommendation of the appropriate academic department chairperson and the credentials committee.

There are four clinical sections: medical oncology, surgical oncology, radiation oncology and pathology. Appointment to a specific section is based on the clinical specialty of the applicant for medical staff membership. Each section is headed by a section chief who has the responsibility to oversee all research and clinical activities conducted by members of the section. Specifically, the section chief shall be responsible for the following: the development and implementation of policies and procedures that guide and support the provision of service; recommendations re: staffing needs and clinical privileges for all members appointed to the section; the orientation and continuing surveillance of the professional performance of all section members; recommendation for space and other resources needed. The section chief is appointed by the chief executive officer.

~~(D)~~(F)Clinical department chief.

- (1) Qualifications and responsibilities of the chief of the clinical department. The academic department chair shall ordinarily serve also as the chief of the clinical department. Each clinical department chief shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each clinical department chief must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the colleges of medicine or dentistry. Qualifications for chief of the clinical department generally shall include recognized clinical competence, sound judgment and well-developed administrative skills.
- (2) Procedure for appointment. Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective colleges of medicine or dentistry in consultation with elected representatives of the medical staff and the ~~medical director~~ chief medical officer of the Ohio state university ~~health system~~ medical center.
- (3) Term of appointment of the chief of the clinical department. The term of the appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(2) of this rule.

(4) Duties of the chief of the clinical department:

Each clinical department chief shall is responsible for the following:

- ~~(a) Be accountable for all clinical professional and administrative activities within the clinical department.~~
- ~~(b) Maintain continuing review of the professional performance of all medical staff members and other licensed allied health professionals with clinical privileges within the clinical department. Determine the qualifications and competence of all personnel who are not independent practitioners who provide patient care within the clinical department. Provide for the orientation and continuing education of all persons in the clinical department.~~
- ~~(c) Conduct a periodic review, at least every four years, of the clinical performance of each clinical division director.~~
- ~~(d) Make recommendations to the credentials committee regarding the criteria for membership on the medical staff and for the delineation of clinical privileges in the clinical department and continuously review at least biennially, the clinical privilege delineation form for adjustments to services.~~
- ~~(e) Review the clinical performance including the physical and mental health of all medical staff members and other licensed allied health professionals of the clinical department in accordance with these bylaws and make recommendations for appointment and reappointment to the medical staff and for clinical privileges for each medical staff member of the clinical department.~~
- ~~(f) Be responsible for the enforcement within the clinical department of these bylaws, rules and regulations of the CHRI.~~
- ~~(g) Be responsible for the maintenance of quality control programs and assure that the quality and the appropriateness of patient care within the clinical department is continually monitored and evaluated according to the clinical department's and the CHRI's quality criteria.~~
- (a) Clinically related activities of the department;
- (b) Administratively related activities of the department, unless otherwise provided by the hospital;
- (c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;
- (d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;
- (e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;



- (f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the hospital;
- (g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;
- (h) The coordination and integration of interdepartmental and intradepartmental services;
- (i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;
- (j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (k) The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (l) The continuous assessment and improvement of the quality of care, treatment, and services;
- (m) The maintenance of quality control programs, as appropriate;
- (n) The orientation and continuing education of all persons in the department or service;
- (o) Recommending space and other resources needed by the department or service; and
- ~~(h)~~(p) Hold monthly regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of the departmental meetings, including a record of attendance, shall be kept in the clinical department and the medical director of the Ohio state university health system's office.
- ~~(i) Develop and implement policies that guide and support the provision of department services and make recommendations on the proper number of qualified and competent persons needed to provide care within the service needs of the clinical department.~~
- ~~(j) Provide for the integration of the clinical department and its services into the primary functions of the CHRI and coordinate interdepartmental and intradepartmental services.~~

3335-111-09 Elected officers of the medical staff of the CHRI.

(A) Chief of staff.

The chief of staff shall:

- (1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.
- (2) Be a chairperson of the medical staff administrative committee and serve as liaison between university administration, CHRI administration, and the medical staff in all matters of mutual concern within the CHRI.
- ~~(2)~~(3) Call, preside, and be responsible for the agenda of all general staff meetings.
- ~~(3)~~(4) Make medical staff committee appointments jointly with the director of medical affairs and chief of staff-elect for approval by the CHRI medical staff administrative committee.
- ~~(4)~~(5) Be a spokesperson for the medical staff in its external professional and public relations.
- ~~(5)~~(6) Be representative to the council of the academy of medicine of Columbus and Franklin county, or select a representative to serve on the council.
- (7) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

- (1) ~~Serve as chairperson of the nominating committee of the medical staff.~~ Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.
- (2) Serve as the chairperson of the bylaws committee of the CHRI.
- (3) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.
- (4) ~~Keep records of all meetings of the medical staff and oversee~~ Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

(C) Delegates at-large.

There shall be two delegates at-large that are members of the medical staff. Each delegate at large shall be a member of the medical staff administrative committee and shall serve on those committees of the medical center board as appointed by the chairperson of the medical center board.

(D) Qualifications of officers.

- (1) Officers must be members of the attending or associate attending staff at the time of their nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

- (2) The chief executive officer and director of medical affairs are not eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their CHRI administrative role during the period of their term of office.

(E) Election of officers.

- (1) All officers (other than at-large officers) will be elected by a majority of those voting by written or electronic ballot after the April meeting of the medical staff. If one candidate does not achieve a majority vote, there will be an election on a second ballot between the two receiving the greatest number of votes.
- (2) The nominating committee will be composed of five members. The chief of staff and the chief of staff-elect will serve on the committee and the chief of staff-elect will be its chairperson. The chief of staff-elect will appoint the three other members of the committee.
- (3) Nominations for officers will be accepted from the floor at the March meeting.
- (4) The committee's nominees will be submitted by electronic or written ballot to all voting members of the medical staff no later than April.
- (5) Candidates for the office of chief of staff-elect will be listed and each attending or associate attending staff member may vote for one. Candidates for the at-large positions will be voted upon as a group. Each voting member of the medical staff may vote for two at-large candidates. The two candidates with the highest number of votes will be elected. A majority of the votes is not necessary.
- (6) ~~Grounds for removal shall be malfeasance, misfeasance, or nonfeasance in office, as documented by written charges submitted to the chief of staff or to the director of medical affairs if charges are filed against the chief of staff, or if the officer is unwilling or unable to perform the duties as assigned. An officer may be removed from the elected position by a majority vote upon written or electronic ballot of the attending and associate attending staff following a regularly scheduled semi-annual meeting or a meeting scheduled for that purpose. Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the CHRI, its goals and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.~~

(F) Term of office.

- (1) The chief of staff and chief of staff-elect will each serve two years in office beginning on the first of July. The chief of staff-elect will be elected in the odd years. The chief of staff may not be elected chief of staff-elect within one year of the end of the chief of staff's term in office.
- (2) The at-large representatives shall serve two years, beginning on the first of July. The delegate at large may succeed themselves for three successive terms (six years, total), if so elected. They may not serve again without a period of two years out of office as a delegate at large. The delegate at large may be elected chief of staff-elect at any time if they are members of the attending staff.

(G) Vacancies in office.

- (1) Vacancies in the office of chief of staff during the chief's term will be automatically succeeded and performed by the chief of staff-elect. When the unexpired term is one year or less, the new chief of staff will continue in office until the completion of the expected term in that office. When the unexpired term is more than one year, the new chief of staff will serve out the remaining term only.
- (2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of establishing the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The nominating committee will make nominations and a special meeting of the voting members of the medical staff will be called to add nominations and elect the replacement. The new chief of staff-elect will become chief of staff at the end of the term of the incumbent.
- (3) Vacancies in the at-large representatives' positions will be filled by appointment by the chief of staff.

3335-111-10 Administration of the medical staff of the CHRI.

Medical staff committees.

- (A) Appointments: Appointments to all medical staff committees except the medical staff administrative committee (MSAC) and the nominating committee will be made jointly by the chief of staff, chief of staff-elect, and the director of medical affairs with medical staff administrative committee ratification. Unless otherwise provided by the bylaws, all appointments to medical staff committees are for one year and may be renewed. Up to two additional member(s) may be appointed to the MSAC at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis. The chairperson shall control the committee agenda, attendance of staff and guests and conduct the proceedings. A simple majority of appointed voting members shall constitute a quorum. All committee members appointed or elected to serve on a medical staff committee are expected to participate fully in the activities of those committees. The chief of staff, director of medical affairs and the chief executive officer of the CHRI may serve on any medical staff committee as an ex-officio member without vote.
- (B) The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and monitoring the quality and utilization of patient care services provided by CHRI.
- (C) Medical staff administrative committee:
  - (1) Composition:
    - (a) Voting membership includes: chief of staff (chairperson), chief of staff-elect, immediate past chief of staff, section chiefs of medical oncology, radiation oncology, surgical oncology and pathology; division chiefs of hematology, gynecologic oncology, ~~plastic surgery~~, otolaryngology, surgical oncology, thoracic surgery and urology; clinical department chiefs of anesthesia, plastic surgery and radiology; CHRI medical

director of quality, CHRI chief executive officer, CHRI director of medical affairs, medical director of palliative medicine, two delegates at-large, chief executive officer medical staff appointments (up to two), CCC director for clinical research, and CCC director for cancer control. If a division or section head is a member by leadership position, he or she will also fulfill the role of division or section chief appointment.

- (b) Ex-officio non-voting membership includes: the CHRI executive director, the CHRI associate director for professional education, the CHRI chief nursing officer, the medical director of university hospital and/or the chief medical officer of the medical center, the dean of the Ohio state university college of medicine, the senior vice president for health sciences and the ~~administrative~~ associate director for medical staff affairs.
- (c) Any member of the committee who anticipates absence from a meeting of the committee may appoint a temporary substitute as a representative at the meeting. The temporary substitute will have all the rights of the absent member. The chief executive officer may invite any member of staff as the chief executive officer's representative at a meeting or to attend any meeting with the chief executive officer.
- (d) All members of the committee shall attend, either in person or by proxy, a minimum of two-thirds of all committee meetings.

(2) Duties:

- (a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by this chapter, and the bylaws or rules of the Ohio state university.
- (b) To have primary authority for activities related to self-governance of the medical staff.
- ~~(b)~~(c) To receive and act upon commission and committee reports. To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.
- ~~(c)~~(d) To approve and implement policies of the medical staff.
- ~~(d)~~(e) To recommend action to the chief executive officer on matters of medico-administrative nature.
- ~~(e)~~(f) To fulfill the medical staff's accountability to the medical center board for medical care rendered to patients in the CHRI, and for professional conduct and activities of the medical staff, including recommendations concerning;
  - (i) Medical staff structure;
  - (ii) The mechanism to review credentials and to delineate clinical privileges;

- (iii) The mechanism by which medical staff membership may be terminated or suspended;
  - (iv) Participation in the CHRI's performance improvement, quality and patient safety activities; and
  - (v) Corrective action and hearing procedures applicable to medical staff members and other licensed allied health professionals granted clinical privileges.
- ~~(f)~~(g) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the CHRI.
- ~~(g)~~(h) To review and act on medical staff appointments and reappointments.
- ~~(h)~~(i) To report to the medical staff all actions affecting the medical staff.
- ~~(i)~~(j) To inform the medical staff of all changes in committees, and the creation or elimination of such committees as circumstances shall require.
- ~~(j)~~(k) To ~~appoint~~ create committees (for which membership is subsequently appointed pursuant to section 3335-111-10 of these bylaws) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.
- ~~(k)~~(l) To establish and maintain rules and regulations governing the medical staff.
- ~~(l)~~(m) To oversee functions related to performance improvement of professional services provided by individuals with clinical privileges.
- ~~(m)~~(n) To perform other functions as are appropriate.

(3) Meetings:

The committee shall meet monthly and keep detailed minutes, which shall be distributed to each committee member before or at the next meeting of the committee.

(4) Voting:

At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership or permanent suspension of clinical privileges, wherein two-thirds of members present shall be required.

(D) Credentialing committee of the hospitals of the Ohio state university ~~health system~~:

(1) Composition:

The credentialing responsibilities of the medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university ~~health system~~, the composition of which shall include representation from the medical staff of each ~~health system~~ hospital.

The chief medical officer of the ~~health-system~~ medical center shall appoint the credentialing committee of the hospitals of the Ohio state university ~~health system~~. The chief of staff and director of medical affairs or medical director of each ~~health-system~~ hospital shall make recommendation to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university ~~health system~~.

The credentialing committee of the hospitals of the Ohio state university ~~health system~~ shall meet at the call of its chair, whom shall be appointed by the chief medical officer of the ~~health-system~~ medical center.

(2) Duties:

- (a) To review all applications for medical staff and licensed allied health professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university ~~health-system~~ will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;
- (b) To review biennially all applications for reappointment or renewal of clinical privileges;
- (c) To review all requests for changes in medical staff membership;
- (d) To assure, through the chairperson of the committee, that all records of peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;
- (e) To make recommendations to the medical staff administrative committee through the director of medical affairs regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division/section), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;
- (f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;
- (g) The committee, after review and investigation, may make recommendations to the director of medical affairs, chief of staff, or the chief of a clinical department, regarding the restriction or limitation of any medical staff member's clinical privileges, noncompliance with the credentialing process, or any other matter related to its responsibilities;
- (h) ~~To review all grants of special or temporary privileges; and~~

~~(h)~~(h) To review requests made for clinical privileges by other licensed allied health professionals as set forth in this chapter.

~~(i)~~ To recommend eligibility criteria for the granting of medical staff membership and privileges.

~~(j)~~ To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.

~~(k)~~ To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.

~~(l)~~ To perform such other functions as requested by the medical staff administrative committee, professional affairs committee or medical center board

(3) Licensed allied health professionals subcommittee:

(a) This subcommittee shall consist of licensed allied health professionals who have been appointed in accordance with paragraph (A)(3) of rule 3335-111-09 of the Administrative Code and shall also include the director of nursing who shall serve as chair of the subcommittee. The subcommittee shall include a certified nurse midwife, a certified registered nurse anesthetist, a certified nurse practitioner, a clinical nurse specialist, and other appropriate licensed allied health professionals.

(b) Duties:

(i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university ~~health system~~;

(ii) To review and investigate the character, qualifications and professional competence of the applicant;

(iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal;

(iv) To verify the accuracy of the information contained in the application; and

(v) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university ~~health system~~ for review at its next regularly scheduled meeting.

(vi) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed allied health care professional specialty. These policies and medical staff administrative committee and be approved by the medical center board.

(E) ~~Bylaws~~ Medical staff bylaws committee:



(1) Composition.

The committee shall be composed of at least four members of the attending or associate attending staff pursuant to paragraph (A)(3) of rule 3335-111-09 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

To review and recommend amendments to the medical staff administrative committee as necessary to maintain bylaws that reflect the structure and functions of the medical staff but not less than every two years. This committee will recommend changes to the medical staff administrative committee.

(F) Committee for licensed independent practitioner health.

(1) Composition:

The committee shall consist of ~~seven~~ medical staff members appointed in accordance with paragraph (A)(3) of rule 3335-111-09 of the Administrative Code.

(2) Duties:

- (a) To consider issues of licensed independent practitioner health or impairment whenever a self-referral or referral is requested by an affected member or another member or committee of the medical staff, CHRI hospital staff, or any other individual.
- (b) To provide appropriate counsel, referral, and monitoring until the rehabilitation ~~or disciplinary process~~ is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.
- (c) To consult regularly with the chief of staff and director of medical affairs of the CHRI.
- (d) To advise credentials and/or other appropriate medical staff committees on the credibility of a complaint, allegation or concern, including those affecting the quality and safety of patient care.
- (e) It will be the responsibility of the chairperson of the committee to assure that all proceedings and records, including the identify of the person referring the case, are handled and maintained in the strictest of confidence in accordance with the laws of the state of Ohio.
- (f) To educate CHRI hospital and the medical staff about illness and impairment recognition issues, including at risk criteria specific to licensed independent practitioners.

(G) Cancer subcommittee:

(1) Composition:

Required to be included as members of the cancer subcommittee are physician representatives from surgery, medical oncology, diagnostic radiology, radiation oncology, palliative medicine and pathology, the cancer liaison physician and nonphysician representatives from the cancer registry, administration, nursing, social services, and quality assurance. Other disciplines should be included as appropriate for the institution.

(2) Duties:

- (a) Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer.
- (b) Promote a coordinated, multidisciplinary approach to patient management.
- (c) Ensure that educational and consultative cancer conferences cover all major site and related issues.
- (d) Ensure that an active supportive care system is in place for patients, families, and staff.
- (e) Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes.
- (f) Promote clinical research.
- (g) Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up reporting.
- (h) Perform quality control of registry data.
- (i) Encourage data usage and regular reporting.
- (j) Ensure content of the annual report meets requirements.
- (k) Publishes the annual report by November first of the following year.
- (l) Upholds medical ethical standards.

(3) Meetings:

- (a) The subcommittee shall meet at a minimum quarterly as a policy-advisory and administrative body with documentation of activities and specialties in attendance.
- (b) Any member anticipating an absence from the meeting should designate a representative to attend in their place.

(H) Ethics committee.

(1) Composition.

The committee is a joint committee and shall consist of members of the medical staff, nursing, hospital administration, and other persons representing

both the CHRI and UH who, by reason of training, vocation, or interest, may make a contribution. Appointments will be made as provided by in this chapter. The chairperson shall be a physician who is a clinically active member of the medical staff of UH or the CHRI.

(2) Duties

- (a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.
- (b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the CHRI.
- (c) To provide a support mechanism for primary decision makers at the CHRI.
- (d) To provide educational resources on ethics to all health care providers at the CHRI.
- (e) To provide and enhance interaction between CHRI administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(I) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the assistance from any medical staff member or recommend to the director of medical affairs an external review.

(2) Duties:

- (a) To meet regularly and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer, unless delegated to the medical director of quality and the chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and patient safety office.
- (b) To ensure that ongoing and systematic monitoring, evaluation and process improvement is performed in each clinical department.
- (c) To develop and utilize objective criteria in practitioner peer review activities.
- (d) To ensure that the medical staff peer review process is effective.
- (e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of the practitioner evaluation committee by any individual, clinical department, division, or committee.

~~3335-111-12 Amendments.~~

~~These medical staff bylaws may be amended after notice is given at one meeting of the medical staff administrative committee. Such notice shall be laid on the table until the next meeting and shall require two-thirds vote of the members of the medical staff administrative committee present for approval and submission to the medical staff for ratification. Ratification of an amendment shall be by a plurality of those medical staff members voting through written or electronic ballot. When an amendment is approved by the medical staff administrative committee and ratified by the medical staff it shall be forwarded in successive order to the following: the professional affairs committee of the medical center board if it meets prior to the next scheduled medical center board meeting, the medical center board and the Ohio state university board of trustees. Each of the foregoing reviewers shall accept or reject the requested amendment. The amendment shall become effective when accepted by the board of trustees of the Ohio state university in the form ratified by the medical staff. Neither the medical staff, the medical center board nor the board of trustees may unilaterally amend these medical staff bylaws. The medical staff bylaws, rules and regulations, hospital policies and the medical center board bylaws shall not conflict.~~

3335-111-12 Amendments and adoption.

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the professional affairs committee of the medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations and policies and procedures and propose them directly to the professional affairs committee of the medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the professional affairs committee of the medical center board on issues including, but not limited to: amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the professional affairs committee of the medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the professional affairs committee of the medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the professional affairs committee of the medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the

medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five percent (25%) of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via printed or secure electronic ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least thirty (30) days advance notice of the changes to be adopted:

(a) The medical staff receives a simple majority of the votes cast by those members eligible to vote.

(b) Amendments so adopted shall be effective when approved by the university board of trustees.

(C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the professional affairs committee of the medical center board an amendment to any rules, regulation, or policy by submitting a petition signed by twenty-five percent (25%) of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

(D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

~~3335-111-13 Adoption.~~

- ~~(A) These bylaws shall be adopted by the medical staff administrative committee and forwarded for approval in the same fashion as provided in rule 3335-111-11 of the Administrative Code.~~
- ~~(B) The bylaws shall replace any previous bylaws, rules and regulations of the medical staff of the CHRI.~~

~~3335-111-14 Meetings and dues.~~

~~(A) Meetings.~~

~~The medical staff of the CHRI shall conduct scheduled meetings semi-annually. Notice of the meetings will be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement of continuing staff privileges. A special meeting may be called at the option of the medical staff administrative committee.~~

~~(B) Dues.~~

~~The medical staff, by two-thirds vote of those in attendance at the fall semi-annual meeting, may establish dues. Payment of dues is a requirement for all staff membership except honorary, clinical, and limited staff.~~

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(B) Dues.

The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued medical staff membership except honorary, clinical, and limited staff.

~~3335-111-15 Rules of construction.~~

- ~~(A) "Shall" as used herein is to be construed as mandatory.~~
- ~~(B) These bylaws should be construed to be gender neutral.~~

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**The Ohio State University  
Office of Human Resources**

**Summary of Proposed Revisions of  
The Classified Civil Service Rules**

The Ohio State University Office of Human Resources has prepared proposed amendments, deletions, and additions to the rules that govern classified civil service (CCS) employment at the university. The CCS rules were last revised in total in 2001; with recruitment, selection, and appointment related rules revised in June 2009; reduction in force rules revised in October 2009; performance management, removals, and demotions revised in February 2010; and classification and compensation related rules revised in September 2010. Since 2001, various statutory changes have occurred that necessitate further revision of these rules.

**Revisions**

The language and content throughout the rules have been revised in the following manner:

- The language is clarified, made consistent and grammatically correct;
- The rules are updated to be consistent with university policies and practices;
- The rules are renumbered given rescinded and new rules; and
- The rules are updated to streamline processes, enhance our efficiency and effectiveness, and provide more effective leaves policies and general management of Classified Civil Service employees.

Key changes include:

- An employee may be placed on disability separation after exhausting approved family and medical leave and prior to exhausting sick leave.
- The university may establish sick leave payout programs in addition to those specified in the current rules.
- Clarified and strengthened the role that performance will play in the reduction-in-force and resulting displacement processes.
- Changed “jurisdiction” to college/VP unit, to be defined in university policy rather than the rules; displacement and reinstatement restricted to within the employee’s jurisdiction.

## Classified Civil Service Rules

3335-49-01 Procedure for adoption, amendment or rescission of rules affecting persons in the classified civil service at the Ohio state university.

- (A) ~~Section Pursuant to section 124.14 of the Ohio Revised Code, job classification — pay ranges the university follows these procedures for the adoption, amendment, or rescission of rules affecting persons in the classified civil service.~~
- (B) The adoption, amendment<sub>1</sub> or rescission of any rule affecting employees in the classified civil service at the Ohio state university shall comply with the provisions of section 111.15 of the Revised Code.
- (C) The proposed new, amended<sub>1</sub> or rescinded rules shall be presented to the Ohio state university board of trustees for approval.
- (D) After the Ohio state university board of trustees has approved the proposed rules, and at least ten days prior to the effective date, all rule(s) in their final form shall be filed electronically with ~~both the secretary of state and the legislative service commission.~~
- (E) The office of human resources shall make a reasonable effort to notify employees who may be affected by the adoption, amendment or rescission of any rule. The office of human resources shall make available the full text of the rule or rules as adopted or amended to any person upon request.

~~3335-49-03 The Ohio state university opts out of the following provisions of the Ohio Revised Code:~~

- ~~(A) Section 124.22 of the Revised Code, educational and citizenship requirements for civil service examinations.~~
- ~~(B) Section 124.231 of the Revised Code, special examinations for legally blind or legally deaf persons.~~
- ~~(C) Section 124.25 of the Revised Code, formal application for examination.~~
- ~~(D) Section 124.26 of the Revised Code, eligibility lists — veteran's preference — provisional employees.~~
- ~~(E) Section 124.27 of the Revised Code, appointments from eligibility list probation.~~
- ~~(F) Section 124.271 of the Revised Code, provisional employees.~~
- ~~(G) Section 124.31 of the Revised Code, promotions.~~
- ~~(H) Section 124.33 of the Revised Code, transfers — appeal — reimbursement of expenses.~~

3335-49-03 The Ohio state university opts out of the following provisions of the Ohio Revised Code:

- (A) Section 124.18 of the Revised Code, standard work week — compensatory time — overtime pay — holidays.
- (B) Section 124.181 of the Revised Code, pay supplements — shift differentials.

- (C) Section 124.22 of the Revised Code, educational and citizenship requirements for civil service examinations.
- (D) Section 124.23 of the Revised Code, examinations.
- (E) Section 124.231 of the Revised Code, special examinations for legally blind or legally deaf persons.
- (F) Section 124.25 of the Revised Code, formal application for examination.
- (G) Section 124.26 of the Revised Code, eligibility lists – veteran’s preference – provisional employees.
- (H) Section 124.27 of the Revised Code, appointments from eligibility list- lists – probation.
- (I) Section 124.271 of the Revised Code, provisional employees.
- (J) Section 124.30 of the Revised Code, emergency, external interim, temporary, or intermittent appointments – scientific, managerial, professional, or educational qualifications.
- (K) Section 124.31 of the Revised Code, promotions.
- (L) Section 124.32 of the Revised Code, transfers – reinstatements.
- (M) Section 124.321 of the Revised Code, reduction in work force – layoffs – job abolishment.
- (N) Section 124.322 of the Revised Code, layoff procedures.
- (O) Section 124.323 of the Revised Code, layoff order.
- (P) Section 124.324 of the Revised Code, layoff displacement rights.
- (Q) Section 124.325 of the Revised Code, retention points for continuous service and efficiency.
- (R) Section 124.326 of the Revised Code, layoff jurisdictions.
- (S) Section 124.327 of the Revised Code, layoff lists – reinstatement – reemployment.
- (T) Section 124.328 of the Revised Code, layoff, displacement appeals.
- (U) Section 124.34 of the Revised Code, reduction in pay or position – suspension – removal.
- (V) Section 124.381 of the Revised Code, occupational injury leave program.
- (W) Section 124.385 of the Revised Code, disability leave benefits.

~~3335-49-04 The Ohio state university opts out of the following  
provision of the Ohio Administrative Code:~~

- ~~(A) Chapter 123: 1-3 of the Administrative Code, position audits and changes to classification plan~~

- ~~(B) Chapter 123: 1-5 of the Administrative Code, classified and unclassified service classification~~
- ~~(C) Section 123:1-7-04 of the Administrative Code, specifications~~
- ~~(D) Chapter 123: 1-10 of the Administrative Code, automatic certification~~
- ~~(E) Chapter 123: 1-25 of the Administrative Code, transfers, reinstatements, and seasonal promotions~~
- ~~(F) Chapter 123: 1-27 of the Administrative Code, suggestion award system~~
- ~~(G) Chapter 123: 1-28 of the Administrative Code, combined charitable campaign~~
- ~~(H) Chapter 123: 1-35 of the Administrative Code, payroll~~
- ~~(I) Chapter 123: 1-37 of the Administrative Code, pay supplements~~
- ~~(J) Chapter 123: 1-43 of the Administrative Code, overtime and compensatory time~~
- ~~(K) Chapter 123: 1-44 of the Administrative Code, holidays~~
- ~~(L) Chapter 123: 1-47 of the Administrative Code, definitions~~

3335-49-04      The Ohio state university opts out of the following provisions of the Ohio Administrative Code:

- (A) Chapter 123: 1-3 of the Administrative Code, position audits and changes to classification plan
- (B) Section 123:1-7 of the Administrative Code, classification
- (C) Section 123:1-9 of the Administrative Code, examinations
- (D) Chapter 123: 1-10 of the Administrative Code, automatic certification
- (E) Chapter 123:1-11 of the Administrative Code, applications for examination
- (F) Chapter 123:1-15 of the Administrative Code, eligibility lists
- (G) Chapter 123:1-17 of the Administrative Code, vacancies and appointments
- (H) Chapter 123:1-19 of the Administrative Code, probation
- (I) Chapter 123:1-21 of the Administrative Code, exceptional appointments
- (J) Chapter 123:1-23 of the Administrative Code, promotions
- (K) Chapter 123: 1-25 of the Administrative Code, transfers, reinstatements, and seasonal positions
- (L) Chapter 123: 1-27 of the Administrative Code, suggestion award system
- (M) Chapter 123: 1-28 of the Administrative Code, combined charitable campaign

- (N) Chapter 123: 1-29 of the Administrative Code, performance evaluation system
- (O) Chapter 123:1-30-01, 02, 03, and 04 of the Administrative Code, disability separations - reinstatement
- (P) Chapter 123:1-31 of the Administrative Code, removals, reductions, or suspensions
- (Q) Chapter 123:1-32 of the Administrative Code, sick and personal leave
- (R) Chapter 123:1-34 of the Administrative Code, leave
- (S) Chapter 123: 1-35 of the Administrative Code, payroll
- (T) Chapter 123: 1-37 of the Administrative Code, pay supplements
- (U) Chapter 123:1-41 of the Administrative Code, layoffs
- (V) Chapter 123: 1-43 of the Administrative Code, overtime and compensatory time
- (W) Chapter 123: 1-44 of the Administrative Code, holidays
- (X) Chapter 123: 1-47 of the Administrative Code, definitions

3335-51-01      Position audits and reclassifications.

- (A)      The university may initiate audits ~~and reviews~~ of positions and classifications.
- (B)      An employee may request from the office of human resources a ~~review~~ position audit for the purposes of determining whether a position is properly classified. An employee may request only one position ~~review~~ audit per twelve month period.
- (C)      When an audit ~~or review~~ is conducted, the following sources for that investigation include, but are not limited to, documentation, any employee, an employee's authorized representative, or college/department officer. When the office of human resources finds that inequities or improper classifications of positions exist, appropriate remedial steps may be taken to provide a more equitable, just, and proper classification. The affected employee(s) shall be given a written notice of the decision of the audit ~~or review~~.
- (D)      If a position is reclassified outside the original classification as a result of an audit ~~—or review~~, the incumbent's probationary period is waived for the new classification.
- (E)      Whenever a position reclassification determination is made, the office of human resources shall provide written notice to the ~~employee~~ affected employee(s). The office of human resources shall determine the classification within four weeks of receipt of the request. The effective date shall be the first day of the pay period following the conclusive determination. An employee may appeal the decision to the state personnel board of review within thirty days of receipt of the decision.
- (F)      Position audits ~~will~~ shall not be performed when deemed ~~not appropriate~~ inappropriate by the office of human resources. ~~Such~~ At the discretion of the office of human resources, such circumstances may include but not be limited to when the incumbent is serving in a temporary appointment, a probationary period, on a ~~leave of absence~~, receiving disability benefits, or the subject of a reduction in force.

3335-51-02 Notification of employees.

- (A) Whenever the classification title of a position changes, other than by process of promotion or demotion, or whenever the university establishes or deletes classifications and such actions result in the reclassification of incumbent classified employees, notification shall be made in writing to any individual affected by the change.
- (B) Any classified employee may appeal the reclassification to the state personnel board of review within thirty days after receipt of the notification of reclassification or notice of results of a position audit ~~or review~~.

3335-51-03 Certified status.

- (A) An employee obtains certified status in the classification ~~after serving upon successful completion of~~ the probationary period for that classification as stated in rule 3335-67-02 of the Administrative Code. When there is no probationary period, employees obtain certified status in the classification upon the completion of ~~180~~ one hundred eighty days with satisfactory performance.
- (B) Certified status is not available to employees who serve at the discretion of the appointing authority.

3335-51-04 Retention of certified status.

- (A) An employee with certified status who receives a classification change shall retain certified status in the new classification if:
  - (1) The change is due to a change in the classification plan;<sub>i</sub>
  - (2) The change is to a lower classification within the classification series;<sub>i</sub> or
  - (3) The employee is reclassified as a result of a job audit ~~or review~~, in which case the employee shall have certified status in the new classification without serving a new probationary period.
- (B) At the discretion of the university, an employee with certified status may:
  - (1) Be ~~re-employed~~ reemployed or reinstated to the classification held at the time of separation within ~~one year~~ twelve months of separation from service; or
  - (2) Displace into a former classification held within the past twelve months pursuant to Chapter 3335-81 of the Administrative Code.
- (C) An employee who achieves certified status in a classification ~~will~~ shall retain it for twelve months after leaving the classification.
- (D) An employee with certified status who returns from disability separation to the classification held at the time of separation is reinstated with certified status.
- ~~(D)~~(E) An employee with certified status may accept an unclassified appointment at which time certified status expires.

3335-55-03 Classification plan.

- (A) The university shall establish, modify, or repeal a job classification plan for all positions, offices, and employment in the classified civil service.
- (B) The university shall assign a classification title to each classification within the classification plan.
- (C) The university shall assign each classification to a pay range established under Chapter 3335-83 of the Administrative Code.
- (D) The university shall assign a numbering system for the classification process.

3335-55-04 Specifications.

- (A) The university shall prepare specifications for each classification in the classified service.
- (B) Each classification title shall have a corresponding classification specification that sets forth the function statement and minimum qualifications. The function statement shall set forth the primary duties that must be satisfied at least fifty per cent of the time. Position-specific minimum qualifications may be identified in the position description.
- (C) For the purpose of classifying positions and making job audit ~~or review~~ decisions only, wherever the word "supervises" appears in a classification specification, unless otherwise defined in the specification, "supervises" means that an employee assigns and reviews work, completes employee performance management procedures, rewards exemplary employee performance, recommends disciplinary action including termination, and ~~adjusts~~ addresses grievances.

3335-55-05 Appropriateness of duties.

Duties performed shall be appropriate based on the function statement and duties in the specification and the position description. The university can assign duties to the employee's position as may be required due to temporary characteristics of the work situation.

3335-57-01 Job Announcements.

- (A) Notice of all vacant or created ~~CCS~~ regular classified civil service positions is posted on the jobs web sites maintained by the office of human resources and the medical center. The vice president for human resources may waive the requirement to post positions at his or her discretion.
- (B) Minimum ~~requirements~~ qualifications for all positions must be specified in the posting.
- ~~(B)~~(C) The university may use external print and electronic advertisements to reach the broadest and most diverse pool of applicants.

3335-57-03 Selection of candidates is based upon a determination of merit and fitness.

- (A) The university is committed to recruiting and selecting candidates based on a determination of merit and fitness relative to the position.

- (B) Determination of merit and fitness may include an evaluation of factors including but not limited to experience, competencies, knowledge, skills, abilities, education, training, and physical or psychological fitness. Evaluation of applicants may be written, oral, physical, demonstration of skill, or an evaluation of training and experiences. Applicant evaluation must be designed to fairly test the relative capacity of the applicants to perform the duties of the position. Candidate evaluation may include structured interviews; assessment centers; work simulations; examinations of knowledge, skills, and abilities; and any other acceptable evaluation method.
- (C) Reasonable accommodations for applicants with disabilities may be set prior to the evaluation as determined by the university on a case by case basis. Applicants with disabilities who may require some accommodation in the selection process are responsible for notifying the university prior to the date of selection activity.

3335-57-04 Character and fitness of applicant.

- (A) All statements submitted by applicants relating to character and fitness are subject to investigation by the university. Satisfactory information produced to the university that the applicant has committed acts which demonstrate character traits which would be detrimental to the successful performance of the employment sought, including but not limited to: the applicant's ~~dismissal~~ termination for cause from any previous employment, a conviction of a crime, an established pattern of poor work habits and performance with previous employers; may be sufficient to exclude the applicant from consideration. The university ~~will~~ shall notify the applicant and provide the applicant with an opportunity to respond. This rule does not preclude the university from taking appropriate disciplinary action after appointment.
- (B) ~~Any~~ An employee terminated ~~for cause~~ from university employment is may be ineligible for ~~re-employment~~ reemployment with the university. ~~The office human resources may waive this provision at its discretion.~~

3335-59-01 Examination administration.

- (A) The office of human resources or its designee administers examinations for ~~original appointment~~ classifications in the classified service ~~at such places~~ as the university deems advisable.
- (B) Applicants with disabilities who may require accommodations to take an examination are responsible for notifying the office of human resources prior to the date of examination. Reasonable accommodations for applicants with disabilities may be set prior to the examination as determined by the university.
- (C) The university may cancel or postpone a scheduled examination at its discretion. Reasonable efforts ~~will~~ shall be made to notify applicants of such cancellation or postponement.

Balance unchanged.

3335-59-02 ~~Pre-employment~~ Preemployment medical and psychological examinations.

- (A) When a position requires a medical and/or psychological examination in relation to the essential functions of the position, it will be included in the vacancy notice. Such exams occur after the conditional offer of employment and before employment has started. The offer of employment is contingent upon passing the examination.



- (B) Applicants may be required to furnish medical information from a licensed practitioner who has sufficient medical knowledge as to the applicant's condition as it relates to the essential functions of the position. Such information may not be required until after the conditional offer of employment. The university reserves the right to designate the examining licensed practitioner. The university shall pay for required examinations.
- (C) Medical and psychological reports shall be maintained as confidential records to the extent allowable pursuant to section 149.43 of the Revised Code and Chapter 1347 of the Revised Code.

3335-65-01 Time limit for selection.

The office of human resources shall cancel the position vacancy notice if a college/~~department or unit~~ fails to select a qualified applicant within six months of the posting of the vacancy. The office of human resources may waive this provision at its discretion.

3335-65-02 Reinstatement after resignation.

A classified civil service employee who resigns, having served the required probationary period may, with the consent of the office of human resources, be reinstated upon request of the college/~~department or unit~~ to the same classification ~~or similar position in the college/department or unit~~, at any time within ~~one year~~ twelve months from the date of resignation. This provision does not apply to employees who resign in lieu of termination or who have been notified they are ineligible for rehire.

3335-65-03 Temporary employment.

- (A) Temporary employment in a classified title is an appointment that serves at the discretion of the appointing authority, is not eligible for certification, and:
  - (1) Is for a limited duration;
  - (2) Is for a specific project;
  - (3) Augments regular staff due to increased work loads or staff shortages; or
  - (4) Replaces a regular employee during an absence due to illness, unpaid leave ~~of absence~~ or vacation.
- (B) Neither accepting nor declining temporary employment shall affect the ability of an applicant to be considered for a regular appointment, nor shall acceptance confer the ability to remain in the position as a regular employee, be promoted, transferred, or reinstated. ~~The period of temporary service shall not be credited as part of the probationary period when a subsequent appointment to a regular position is made in the same classification at the university.~~
- (C) Periods of temporary service shall not be credited as part of the probationary period when a subsequent appointment to a regular position is made in the same classification at the university.
- (D) Temporary appointments shall have a maximum duration of ~~179 days~~ twelve months except when a longer duration is made necessary by reason of sickness or disability of a regular employee, or any other circumstance approved by the office of human resources. Temporary employees replacing sick or disabled regular employees may continue in that position for the length of sickness or disability and do not obtain rights to a regular appointment.

~~(D)~~(E) Successive temporary appointments to the same position shall not occur.

3335-65-04 Seasonal employment.

- (A) Seasonal employment is a regular appointment ~~where~~ when the service is for a specified period of time during a particular time of the year, and recurs in each successive calendar year. Persons appointed to seasonal positions who are temporarily separated from ~~the~~ service during the inactive season shall return to the same position each ensuing year unless the employee is disqualified for any reason or not assigned to work for a period of ~~one year~~ twelve months due to lack of work or refusal of work by the employee.

Balance unchanged.

3335-65-05 Intermittent employment.

- (A) Intermittent employment is an appointment ~~where~~ when the employee works irregular hours or days on an as-needed basis. ~~A classified intermittent employee serves at the discretion of the appointing authority.~~
- (B) An intermittent employee serves at the discretion of the appointing authority and is not eligible for certification.
- (C) Neither accepting nor declining intermittent employment affects the ability of an applicant to be considered for a regular appointment, nor shall acceptance confer the ability to be promoted, transferred, or reinstated.

3335-65-06 Emergency Appointments appointments.

In case of an emergency, an appointment process may bypass Chapters 3335-49 to 3335-89 of the Administrative Code. Emergency appointments shall not exceed a maximum of ~~479 days~~ twelve months, serve at the discretion of the appointing authority, and are not eligible for certification.

3335-65-07 Reassignment of position and/or work location.

- (A) The university may temporarily or permanently reassign an employee ~~from within the same or similar classification within the same jurisdiction of the university.~~ Reassignment cannot result in an assignment to a lower pay range.
- (B) The university may temporarily or permanently reassign an employee's work location, task, or shift to another within the same ~~or similar classification and jurisdiction of the university.~~ No employee has any vested claim to performance of particular tasks within a particular job classification.
- (C) The university ~~will~~ shall provide reasonable notice of the reassignment prior to the effective date of the change, except ~~where~~ when an emergency renders advance notice impractical.

3335-67-01 Nature of the probationary period.

- (A) Employees serve a probationary period following:
- (1) An original classified appointment;
  - (2) A promotion to another classified appointment; or

- (3) A lateral change from one classification to another outside of the classification series.
- (B) Employees that serve at the discretion of the appointing authority (e.g. emergency, intermittent, temporary) do not serve a probationary period and are not eligible for certification.
- (C) Employees whose titles are changed through the reclassification process do not serve a new probationary period.
- ~~(C)~~(D) An employee shall be provided with coaching and feedback during the probationary period.
- ~~(D)~~(E) An employee shall be provided with a performance review prior to the end of the probationary period; unless, An employee who is terminated before the end of the probationary period of the original appointment is not required to receive a performance review.
- ~~(E)~~(F) If an employee's job performance does not meet the expectations of the position following an original appointment, lateral change outside of the employee's classification series, or promotion, then:
- (1) Following an original appointment, an employee may be terminated at any time during the probationary period; or
  - (2) Following a promotion or a lateral change outside of the employee's classification series, an employee may be returned to the former classification at any time during the probationary period.
- ~~(F)~~(G) When an employee is terminated or returned to the former classification during the probationary period, the university shall send a written notice to the employee. This termination or return to the former classification is not subject to appeal.
- ~~(G)~~ ~~Any employee terminated from employment during a probationary period, except when terminated for cause, may be eligible for rehire at the discretion of the office of human resources.~~
- (H) An employee terminated from employment during a probationary period, ~~except when terminated for cause,~~ is not eligible to reapply for the same or higher classification for a ~~period of one year~~ twelve months from the termination date unless an exception is granted at the discretion of the office of human resources.
- (I) ~~Any~~ An employee terminated ~~for cause~~ from university employment ~~is~~ may be ~~permanently ineligible for re-employment~~ reemployment with the university.

3335-67-02 Length of the probationary period.

- (A) The probationary period for full time and part time ~~classified civil service~~ employees is one hundred ~~seventy-nine calendar~~ eighty days. Longer probationary periods, not to exceed ~~one year~~ twelve months, may be specified by the university.
- (B) The probationary period is completed at midnight of the one hundred eightieth day. For longer probationary periods, probation is completed at midnight of the last day of the probationary period.

- (C) Time spent on paid leaves that exceed two weeks, ~~and leaves of absence~~ unpaid leave, or layoff are not credited as part of the probationary period.

3335-73-01 Unpaid leaves ~~of absence~~.

- (A) The university may grant a unpaid leave ~~of absence without pay~~ to a classified civil service employee. Such leave may be for personal or medical reasons for up to a maximum duration of six months and may not be extended.
- (B) ~~A~~ An unpaid medical leave ~~due to medical reasons~~ must comply with the following provisions:
- (1) Medical reasons may include, but not be limited to, the employee's own injury, illness, other medical condition, or when an employee becomes incapacitated to the extent that the employee is unable to perform the essential duties of the position.
  - (2) The employee must state a date by which the employee will return to work. If no date of return can be stated by the employee or if the need for leave continues beyond ~~six months~~ approved family and medical leave, the university may place the employee on disability separation pursuant to this chapter.
  - (3) Appropriate medical documentation must be submitted from a licensed practitioner when applying for the unpaid leave ~~of absence~~.
- (C) Upon completion of such unpaid leave ~~of absence~~, the employee shall return to the same or similar position of employment. If the unpaid leave was for medical reasons, appropriate medical documentation from a licensed practitioner may be required to verify that the employee has been released to return to work. The employee may return to active pay status prior to the originally scheduled expiration of the unpaid leave, if the earlier return is agreed to by both employee and university.
- (D) Failure to return to service within three working days of the completion or valid cancellation of a an unpaid leave ~~of absence~~ without explanation to the appointing authority is cause for termination of employment. An employee who fails to return to service from a an unpaid leave ~~of absence~~ and is subsequently terminated or voluntarily resigns from the service is deemed to have a termination date corresponding to the starting date of the unpaid leave ~~of absence~~.
- (E) If it is determined that the unpaid leave ~~of absence~~ is not being used for the purpose for which it was granted, the university may cancel the unpaid leave and direct the employee to return to work by giving written notice by regular mail to the employee. The employee ~~may~~shall be subject to disciplinary action up to and including termination for any misuse of the unpaid leave ~~of absence~~.

3335-73-02 Military leave.

- (A) An employee who enlists or is commissioned in the United States armed forces or who is a member of the Ohio national guard, Ohio military reserve, the Ohio naval militia, or is in the reserves for any branch of the United States armed forces, may request a military leave ~~of absence~~. Such military leave ~~of absence~~ may be requested for the performance of duty on a voluntary or involuntary basis and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time national guard duty or an examination to determine the fitness to perform any such duty. An employee may be absent from university employment pursuant to this rule for a cumulative amount of time not to exceed five years unless special orders are issued by the president of the United States or the United States department of defense.
- (B) An employee who requests a military leave ~~of absence~~ must provide reasonable advance written notice of such active military service to the university. Such advance notice is not required ~~where~~ when it is precluded by military necessity or the giving of such notice is otherwise impossible or unreasonable.
- (C) and (D) no change.
- (E) Following a military leave ~~of absence~~, an employee eligible for reemployment shall return, within thirty days of the request of reemployment, to the same or similar position regardless of the employee's civil service status ~~or the existence of an eligible list~~.
- (F) An employee shall be reemployed with all rights and benefits generally available to employees in a comparable unpaid leave ~~of absence without pay~~, including the following:
  - (1) All sick and leave, vacation leave, ~~and personal leave~~ that had been accumulated at the time of entering service;
  - (2) through (5) no change.
- (G) This rule does not apply to any employee who, by re-enlisting or extending active duty beyond the commission, displays an intent to remain on extended active duty in the armed services of the United States.
- (H) A reemployed individual shall not be terminated, except for cause or other legitimate nondiscriminatory reasons:
  - (1) Within ~~one year~~ twelve months after the date of reemployment, if the employee had been employed by the university for more than one hundred eighty days prior to the date of reemployment; or
  - (2) Within one hundred eighty days after the date of such reemployment, if the employee had been employed by the university for more than thirty days but less than one hundred eighty-one days prior to the date of reemployment.
- (I) Discrimination or retaliation with regard to any aspect of employment against an individual for voluntary or involuntary membership in uniformed service is prohibited.
- (J) Family and medical leave as it applies to members of the military and their family members is provided for in university human resources policy.

3335-73-03 Court leave.

- (A) The university shall grant court leave without loss of pay to any employee who:
- (1) Is summoned for jury duty;
  - (2) Is subpoenaed to appear before any court, commission, board or other legally constituted body authorized by law to compel the attendance of witnesses, ~~where~~ when the employee is not a party to the action; or
  - (3) Is the appellant in any action before the state personnel board of review and is in active pay status at the time of a scheduled hearing.
- (B) Any employee who is appearing before a court or other legally constituted body in a matter in which the employee is a party may be granted vacation ~~time~~ or unpaid leave of absence without pay. Such instances would include, but not be limited to: criminal or civil cases, traffic court, divorce proceedings, custody, or appearing as directed as parent or guardian of juveniles.

3335-73-05 Involuntary disability separation.

- (A) If the university believes that an employee can no longer perform the essential job duties of the position, then the university may ~~request~~ require that the employee submit to a medical, ~~and/or~~ psychological, ~~and/or~~ functional capacity examination performed by a licensed practitioner designated by the university, and paid for by the university, prior to an involuntary disability separation unless: the employee is hospitalized at the time such action is to be taken.

~~(1) The employee is hospitalized at the time such action is to be taken, or~~

~~(2) The employee has exhausted accumulated sick leave and medical leave of absence.~~

In lieu of requiring an examination, the university may ~~utilize evidence~~ use medical documentation submitted by the employee's licensed practitioner.

(B) through (D) no change.

- (E) An employee on disability separation shall be reinstated to the same or similar position within ~~thirty days~~ a reasonable period of time after a written application for reinstatement. Such application for reinstatement shall be filed within two years from the date of separation and shall not be filed after the date of ~~service eligibility retirement~~ the employee is eligible to retire based upon service. A complete reinstatement application must include a certificate from a licensed practitioner designated by the university who has examined and verified that the employee is able to perform the essential functions of the job. The university shall pay for the examination. If the employee was granted disability retirement, a licensed practitioner designated by the public employee retirement board shall conduct the examination.

3335-73-06 Voluntary disability separation.

An employee who is unable to perform the essential job duties of the position due to a disabling illness, injury, or condition may request a voluntary disability separation. A voluntary disability separation occurs when an employee does not dispute the inability to perform the essential job duties of the position.

- (A) The university may grant an employee's request for voluntary disability separation based upon previously submitted medical documentation or may require the employee to submit to an additional medical, ~~and/or~~ psychological, ~~and/or~~ functional capacity examination. If the ~~medical~~ documentation supports the employee's request, the university shall grant the employee's request for voluntary disability separation. If the medical examination does not support the employee's request, the university shall not approve the employee's request for voluntary disability separation.

(B) and (C) no change.

- (D) An employee on disability separation shall be reinstated to the same or similar position within ~~thirty days~~ a reasonable period of time after a written application for reinstatement. Such application for reinstatement shall be filed within two years from the date of separation. A complete reinstatement application must include a certificate from a licensed practitioner designated by the university who has examined and verified that the employee is able to perform the essential functions of the job. The university shall pay for the examination. If the employee was granted disability retirement, a licensed practitioner designated by the public employee retirement board shall conduct the examination.

3335-73-07 Administrative leave.

The university may, ~~in its discretion~~, place an employee on administrative leave with pay at its discretion. Such leave is to be used in circumstances ~~where~~ when the health or safety of any employee or of any person or property entrusted to the employee's care could be adversely affected or during an administrative investigation as determined by the office of human resources. Compensation for administrative leave shall be equal to the employee's base rate of pay. The length of such leave is solely at the discretion of the university.

3335-75-01 Performance management and review.

- (A) Performance management is an ongoing process between the employee and supervisor that includes setting expectations and goals, coaching, feedback, training and development, and performance review.

- (B) Employees shall have a written performance review on an annual basis. An employee shall be provided with a performance review prior to the end of the probationary period, ~~unless~~. An employee who is terminated before the end of the probationary period of the original appointment is not required to receive a performance review. The performance review is a summary of the employee's performance for the review period, and may serve as a step in the performance improvement process.

3335-75-02 General procedure for addressing deficient performance and terminations.

- (A) no changed.

- (B) The performance improvement process may be initiated for, but not limited to the following reasons: incompetency, inefficiency, dishonesty, use or being under the influence of alcohol or illegal drugs at work or inappropriate use of prescription drugs, immoral conduct, insubordination, discourteous treatment of the public, neglect of duty, a violation of university rules or policy, failure to return from a leave ~~of absence~~, other failure of good behavior, misfeasance in office, malfeasance in office, nonfeasance in office, other unsatisfactory job performance, conviction of a felony, or by voluntary written agreement by an employee; this is not an exhaustive list.

(C) and (D) no change.

(E) The following conditions apply to any employee who is convicted of a felony:

(1) no change.

(2) A person convicted of a felony immediately forfeits the person's status as a classified employee at the university on and after the date of conviction for the felony. The university, upon the person's request, may investigate the circumstances of the felony and may, at its discretion, allow the person to apply or ~~re-apply~~ reapply for university employment.

(3) Any person terminated for a conviction of a felony is entitled to a cash payment for any accrued but unused vacation leave.

(F) An employee terminated from university employment may be ineligible for reemployment with the university.

3335-79-01 Crediting of sick leave.

Sick leave credit accrues at the rate of 4.6 hours for each eighty hours of service in an active pay status, including paid vacation, overtime, and sick leave, but not during a ~~an unpaid leave of absence~~ an unpaid leave of absence, or layoff. Part-time, seasonal and temporary employees accrue sick leave at the same rate.

3335-79-02 Retention of sick leave.

An employee who transfers from another Ohio public agency to the university or who has prior service with an Ohio public agency shall upon employment with the university be credited with all sick leave not used or converted to a cash benefit, provided that such ~~re-employment~~ reemployment takes place within ten years of the date of which the employee was last employed in public service.

~~3335-79-03 Expiration of sick leave.~~

~~If illness or disability continues past the time covered by earned sick leave, then the employee may be either granted a leave of absence in accordance with rule 3335-73-01 of the Administrative Code, or placed on a disability separation in accordance with rule 3335-73-04 of the Administrative Code. If a leave of absence is granted and illness or disability continues past expiration of the leave, a disability separation may then be granted.~~

3335-79-03 Expiration of sick leave.

An employee may be either granted unpaid leave in accordance with rule 3335-73-01 of the Administrative Code, or placed on a disability separation in accordance with rule 3335-73-04 of the Administrative Code prior to the expiration of earned sick leave.

3335-79-05 Uses of sick leave.

(A) Sick leave shall be granted to an employee upon approval of the appropriate administrative official and for the following reasons:

(1) and (2) no change.

(3) Medical, psychological, dental, or optical examination or treatment of employee or a member of the employee's immediate family;



(4) no change.

(5) ~~Disability due to pregnancy~~ Pregnancy and/or childbirth and ~~other related conditions related thereto.~~

(B) ~~Definition of "immediate family" for~~ For the purpose of this chapter: ~~spouse, domestic partner, mother, father, sister, brother, daughter, son, grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, grandparent-in-law, grandchild-in-law, or corresponding relatives of the employee's partner, other persons for whom the employee is legally responsible, and anyone who stood in loco parentis to the employee as a child,~~ "immediate family" is defined by university human resources policy.

(C) An employee who becomes eligible for workers' compensation payment for loss of time may choose to use sick leave before such payments are made. An employee who wishes not to use sick leave to cover such loss of time must request an unpaid leave of absence in accordance with rule 3335-73-01 of the Administrative Code.

3335-79-06 ~~Evidence~~ Documentation required for use of sick leave.

If medical attention is required, a certificate from a licensed practitioner stating the nature of the illness may be required for the use of sick leave. Falsification of sick leave documentation is grounds for disciplinary action up to and including dismissal termination.

3335-79-07 Notification by employee.

When an employee is unable to report to work, the employee shall notify the ~~immediate supervisor or other designated person~~ designated by the university within the time frame established by the ~~college/departement~~ university, unless emergency conditions make such notification impossible. The requirement for subsequent notification will be governed by the nature of the circumstances and the requirements established by the ~~college/departement~~ university.

3335-79-08 Employee medical or psychological examination.

(A) The university may require an employee to take a medical ~~and/or~~ psychological, and/or functional capacity examination, conducted by a licensed practitioner selected by the university, to determine the physical and/or mental capability to perform the essential duties of the employee's position. The university may supply the examining practitioner with facts relating to the employee's difficulty or inability to perform the essential functions of the job and may supply additional information including but not limited to physical and mental requirements of the employee's position, duty statements, job classification specifications, and position descriptions. The university shall pay for the examination.

(B) An employee's refusal to submit to an examination, the unexcused failure to appear for an examination, or the refusal to release the results of an examination amounts to insubordination, and may subject the employee to ~~discipline~~ disciplinary action up to and including termination.

(C) If found unable to perform the essential duties of the position, the employee may be placed on sick leave, ~~medical~~ unpaid leave or disability separation.

(D) Medical and psychological reports shall be maintained as confidential records to the extent allowable pursuant to section 149.43 of the Revised Code and Chapter 1347- of the Revised Code.

3335-79-09 Sick leave compliance.

Employees failing to comply with sick leave rules set forth in Chapter 3335-79 of the Administrative Code shall not be paid for such absences. Application for sick leave with the intent to defraud ~~will~~ shall result in ~~dismissal~~ termination and refund to the university of salary or wages paid during such sick leave.

3335-79-10 Retirement payout of sick leave.

- (A) Upon retirement from active university service after ten or more years of combined service with the university, state of Ohio, or any of its political sub-divisions, an employee may choose to be paid for one-fourth of the accrued unused sick leave credit up to a maximum payment of two hundred forty hours. This payment shall be based upon the employee's rate of pay at the time of retirement. Upon accepting such payment, all sick leave credit accrued up to that time ~~will~~ shall be eliminated.
- (B) Payout of sick leave ~~will~~ shall be made only once to any employee. ~~That is, an~~ An employee who returns to Ohio or university service after retiring and receiving a sick leave payout may accrue and use sick leave as before, but may not subsequently convert the unused sick leave into another payout.

(C) no change.

3335-79-11 Payout of sick leave upon death.

- (A) If an employee dies while actively employed by the university, and had ten or more years of state of Ohio or any of its political sub-divisions and/or university service, payment for one fourth of the accrued unused sick leave up to a maximum payment of two hundred forty hours shall be ~~paid in accordance with the procedure outlined in paragraph (B) of this rule made.~~ This payment shall be based upon the employee's rate of pay at the time of death.
- (B) Payment ~~will~~ shall be made in accordance with testamentary letters or letters of administration submitted to the office of human resources. In the event such documents do not exist, the university may make payment in accordance with section 2113.04 of the Revised Code.

3335-79-12 Payout of sick leave in other situations.

The vice president of human resources may establish or approve sick leave payout programs in addition to any other programs defined in this section, at his or her discretion.

3335-81-01 Reduction in work force.

Should a reduction in the work force become necessary due to lack of funds, lack of work, reasons of economy, or reorganization for efficiency; the office of human resources shall lay off employees and/or abolish positions. Reductions of an appointment to .75 full time equivalent or greater shall not be considered a reduction in force. The office of human resources shall determine in which classification or classifications layoffs shall occur and the number of employees to be laid off within each classification. Before abolishments are implemented, a statement of rationale and supporting documentation shall be reviewed, and approved, and on file with the office of human resources.

3335-81-02 Reasons of economy or lack of work.

(A) The university shall determine:

- (1) no change.
- (2) Whether a lack of work exists or is projected ~~that results~~ to result in excessive current or projected staffing levels.

In the event that the university determines such a lack of funds or lack of work exists, the office of human resources shall be notified of such shortages, of the ~~college/department~~ college or unit in which such shortage exists or is projected, and of the amount of current or projected funds or work lacking.

Balance unchanged.

3335-81-03 Abolishment of positions.

(A) The office of human resources, in response to documentation from the appropriate college or unit, shall approve what positions will be abolished using the following criteria:

- (1) Positions will be selected based on the needs of the department; and
- (2) Employees will be selected first based on certification status, and then by a combination review of the following elements: skills and abilities applicable to the department's needs, documented performance, and length of OSU employment. Employees who are in ~~an initial~~ a probationary period for an original appointment and not certified in any ~~CCS~~ classified civil service title ~~will~~ shall be automatically laid off.
- ~~(3) If a unit abolishes more than one position within the same classification, the employee shall have the opportunity to discuss the rationale for the reduction of the employee's position with the supervisor and the human resource representative.~~

(B) If a unit abolishes more than one position within the same classification, the employee shall have the opportunity to discuss the rationale for the reduction of the employee's position with the supervisor and the human resource representative.

(C) no change.

~~(C)~~(D) Employees may be laid off as a result of the abolishment of a position or positions, provided that the office of human resources shall, in such layoff, follow the procedures applicable to the layoff of employees as set forth in this chapter.

3335-81-04 Order of layoff.

The order of any layoff shall be determined first by certification status, then by a ~~combination~~ review of the following elements: skills and abilities applicable to the department's needs, documented performance, and length of OSU employment.

3335-81-05 Displacement procedures.

(A) An employee ~~who was laid off or~~ whose position was abolished and elects to exercise displacement shall be placed ~~into a vacancy or displace the employee with the fewest~~

~~retention points in accordance with the process outlined in (B) of this rule provided in all instances that the employee meets the qualifications of that the position, can perform the required duties, and has met expectations in the last three two annual performance reviews. Employees who have not met performance expectations in the last three two annual performance reviews and who have been given specific steps expectations for improvement, or who are on major corrective action or who cannot perform the required functions of the position into which they would be placed~~ do not have displacement rights.

(B) The process will occur as follows:

(1) and (2) no change.

(3) Placement into a vacancy within the classification the employee held immediately prior to holding the classification from which the employee was laid off, provided all of the following are true:

(a) That the previous classification is of a lower or equivalent classification;

(b) The employee had achieved certified status in the former classification;  
and

(c) The employee held the classification within the previous twelve months;

~~(d) The employee can perform the minimum required functions of the position at the time of placement.~~

(4) ~~If no vacancy exists as described above, the employee will displace the individual with the fewest retention points in the classification from which they were laid off.~~ If a vacancy exists as described above, but the employee does not meet the minimum qualifications, has not met performance expectations, or cannot perform the required functions of the vacancy, as determined by the office of human resources, the employee will be laid off.

(5) ~~If no vacancies are available and the employee is unable to displace due to having the fewest retention points in the classification from which they were laid off or lack of qualifications, then the employee will be laid off.~~ If no vacancy exists as described above, the employee will displace the individual with the fewest retention points in the classification from which they were laid off. The placement will be made only if the employee meets the qualifications of the position and can perform the required duties. If the employee does not meet both of these requirements, the employee will be laid off.

(6) If the employee is unable to displace due to having the fewest retention points in the classification from which they were laid off, then the employee will be laid off.

(C) and (D) no change.

(E) No employee shall displace another employee ~~whose~~ or fill a vacancy if the position requires special minimum qualifications, as established by a position description, classification specifications, or by bona fide occupation qualifications, unless the employee desiring to displace another employee possesses the requisite minimum qualifications for the position and can perform the required duties.

(F) no change.

- (G) If an employee declines placement into a vacant position for any reason, their displacement and reinstatement rights cease immediately; this provision may be waived at the discretion of the office of human resources.
- (H) If for any reason an employee declines to exercise their displacement rights into a position to which they are entitled, their displacement and reinstatement rights cease immediately.

3335-81-06 Retention points.

(A) through (C) no change.

- (D) "Continuous service" is that service unbroken by a resignation or termination from the university. Continuous service for the purposes of retention points includes:
  - (1) When an employee is reinstated after a resignation or termination to the same position within twelve months, full credit for continuous service ~~will~~ shall be given for the periods of actual employment;
  - (2) An authorized unpaid leave ~~of absence~~ does not constitute a break in service, and continuous service retention points shall continue to accumulate during the term of a an unpaid leave ~~of absence~~ provided the employee returns to the university following the leave;
  - (3) When a laid off employee is reinstated or ~~re-employed~~ reemployed within ~~one year~~ twelve months from the date of layoff, the employee shall accrue continuous service retention points during the time spent on layoff and continuous service shall remain unbroken; and
  - (4) no change.
- (E) Service as a ~~student-employee~~ student employee, graduate associate or temporary employee shall not be credited as service for purposes of determining continuous service retention points.

3335-81-07 Jurisdiction.

(A) no change.

- (B) Layoff jurisdictions at the Ohio state university are as follows:
  - (1) Columbus campus, ~~excluding the medical center~~ – each college and unit as defined by university human resources policy are separate jurisdictions;
  - (2) and (3) no change.
  - (4) ~~OARDC and ATI~~ Ohio agricultural research and development center and agricultural technical institute;
  - (5) through (9) no change.
- (C) The layoff jurisdictions described in ~~paragraph~~ (B) of this rule do not apply to employees who are laid off for a temporary period of up to one hundred and ten consecutive days.

3335-81-08 Notice of layoff and displacement.

- (A) The university shall give advance written notice of layoff or displacement to each employee subject to such layoff or displacement. Such written notification shall be issued by the office of human resources and hand delivered to the employee by the employee's supervisor and the unit's human resource representative or human resource designee at work or mailed by certified mail to the last address on file with the ~~college/departement~~ college or unit. If the notification is hand delivered, it shall be given at least fourteen calendar days before layoff and the day of hand delivery shall be the first day of the fourteen-day period. If the notification is mailed, it shall be mailed at least seventeen calendar days before layoff and the day of mailing shall be the first day of the seventeen-day period.
- (B) Each notice of layoff or displacement shall contain the following information as applicable to the individual situation:
- (1) The reason for layoff or displacement;
  - (2) The effective date of layoff or displacement as follows:
    - (a) If the employee chooses displacement and a vacancy exists, the effective date is within a reasonable period of time to allow for a move to the position, not to exceed thirty days;
    - (b) If the employee chooses displacement and no vacancy exists, the effective date of the displacement or layoff ~~will~~ shall not exceed ~~sixty~~ thirty days;
  - (3) through (6) no change.
  - (7) Any additional information with respect to the limits of the applicable layoff jurisdiction of the employee as specified by rule 3335-81-07 of the Administrative Code and university human resources policy;
  - (8) A copy of the displacement and/or reinstatement procedures and/or office of human resources web site address with this information-;
  - (9) no change.

3335-81-09 Reinstatement.

- (A) Certified employees who are laid off from the university can exercise their reinstatement rights within their jurisdiction by written notification to the office of human resources if a position is posted in the classification from which they were laid off. Employees applying for reinstatement must possess the requisite minimum qualifications and must be able to perform the required duties of the position. ~~If more than one or more employee~~ employees indicate ~~employees indicates~~ indicate reinstatement interest in a position, the employing unit shall consider skills and abilities applicable to the employing unit's needs and documented performance.
- (B) An employee may exercise reinstatement rights for twelve months beginning from the layoff effective date. During this twelve month period, jurisdictional units may not hire or promote into any classification for which a laid off employee has indicated an interest in reinstatement; this does not apply to reclassifications. Reinstatement is contingent upon successful ~~pre-employment~~ preemployment screening.
- (C) no change.

- (D) An affected employee's reinstatement rights ~~will~~ shall cease immediately upon the earliest of:
- (1) and (2) no change.
  - (3) Refusing a reinstatement position; ~~or~~
  - (4) At the end of twelve months following the layoff effective date-; or
  - (5) After the date the employee is eligible to retire based upon service.
- (E) In the event that the university offers a severance benefit, and the employee accepts the benefit, reinstatement rights ~~will~~ shall cease.
- (F) Unsuccessful completion of any ~~pre-employment~~ preemployment screening for a specific reinstatement position will result in denial for the position. An additional reinstatement opportunity may be granted at the discretion of the office of human resources.

Balance unchanged.

3335-81-11 Holiday, overtime and vacation payment.

Payment for earned but unused vacation, any holiday pay due, and any overtime and/or compensatory time will be issued in accordance with university human resources policies. However, when a specific return to work date has been established and upon request from the employee, vacation and compensatory time due will not be paid unless required by law. In instances of job abolishment ~~where~~ when no return to work is anticipated, all vacation, holiday pay and overtime must be paid out at the time of the layoff.

3335-81-12 Layoff during leave.

- (A) Employees on ~~vacation or~~ any type of leave of ~~absence~~ may be laid off or displaced as any other employee and retain their ability to be reinstated.
- (B) An employee who is laid off during a leave of ~~absence~~ will have their reinstatement time limit postponed until the regular return date from the leave, not to exceed eighteen months from the original layoff effective date.

3335-81-13 Alternatives to layoff during a disaster.

If a disaster occurs as contemplated under ~~the Disaster Leave Policy~~ university human resources policy, and there is a lack of work or lack of funds due to the disaster, the university may, at its discretion, find alternatives to layoff. Such alternatives may include but not be limited to, providing compensation at a different rate of base pay or reducing an employee's work schedule.

3335-83-02 Pay supplements and shift differentials.

The university may establish policies governing all types of compensation, including and not limited to pay supplements, shift differentials, and merit pay increases.

3335-83-04 Temporary pay adjustment.

- (A) An employee who is temporarily assigned to duties of a position with a higher pay range than the employee's assigned pay range is eligible for a temporary pay adjustment, which increases the employee's regular base rate of pay to the greater of:
- (1) ~~the~~ The classification salary base rate of pay of the higher level position; or
  - (2) ~~five~~ Five per cent above the employee's regular base rate of pay.
- (B) This temporary pay adjustment shall be for a minimum of two weeks and a maximum of one hundred ~~seventy-nine~~ eighty days, except when made necessary by reason of sickness or disability of a regular employee, when the adjustment may continue for the length of sickness or disability.

3335-83-06 Compensatory time.

An employee may elect to take compensatory time off in lieu of overtime pay for any overtime worked. Such compensatory time shall be granted by the administrative authority on a time and one-half basis and at a time mutually convenient to the employee and the university within one hundred eighty days after the overtime is worked. After the expiration of the one hundred eighty day period, or upon transfer to a different ~~college/departement~~ college or unit, the compensatory time shall be paid out at the employee's base rate of pay.

3335-83-07 Holiday compensation.

- (A) ~~Full-time classified~~ Classified civil service employees shall receive holiday pay for holidays observed by the university and shall not be required to work on those holidays, unless failure to work on such holidays would impair department service.
- (B) ~~If an employee's work schedule is other than Monday through Friday, the employee shall receive holiday pay for holidays observed on the employee's day off regardless of the day of the week on which the holidays are observed. A full-time employee shall receive eight hours of pay for each holiday regardless of the employee's work shift and work schedule. Part-time employees shall be paid holiday pay for that portion of any holiday for which they would normally have been scheduled to work in accordance with university human resources policy.~~
- (C) A non-exempt classified civil service employee who is in active pay status for more than forty hours per week and who is required to work on a day designated by university human resources policy as one eligible for holiday premium pay shall be entitled to holiday premium pay for such time worked:
- (1) and (2) no change.
- (D) The university may establish holiday compensation and premium pay programs that supersede any other program defined in this section, at its discretion. When such programs are established, the university ~~will~~ shall provide notice to all affected employees.

3335-89-01 Definition of terms.

For the purposes of Chapters 3335-49 to 3335-89 of the Administrative Code, the following terms are defined as follows:

- (A) through (D) no change.



- (E) "Certified status" - a classified civil service status obtained for a specific classification upon satisfactory completion of the applicable probationary period or, when there is no probationary period, upon completion of ~~180~~ one hundred eighty days in the specific classification with satisfactory performance.
- (F) through (K) no change.
- (L) "Emergency appointment" - an appointment to a position to meet an emergency situation, an exception from civil service rules, not to exceed a maximum of ~~179 days~~ twelve months.
- (M) no change.
- (N) "Full-time employment" - employment ~~where~~ when the work schedule is normally forty hours per week.
- (O) "Intermittent employment" - an appointment which serves at the discretion of the appointing authority, ~~is not eligible to obtain certification, and where~~ when the employee works irregular hours or days on an as-needed basis.
- (P) "Jurisdiction" - the limited location in which procedures for layoff, displacement, and reinstatement may be exercised. The Columbus campus, ~~excluding the medical center - each college and unit as defined by university human resources policy;~~ the medical center; each regional campus; and the agricultural technical institute and Ohio agricultural research and development center are each separate and distinct jurisdictions. Units located outside of Columbus in a county where a regional campus is located are part of that jurisdiction, otherwise, the jurisdiction is limited to that county only. Units located outside of Ohio are each their own jurisdiction.
- (Q) and (R) no change.
- ~~(S) "Leave of absence" - a temporary separation from active pay status with the employee generally retaining employment status and seniority.~~
- ~~(T)~~(S) "Licensed practitioner" - a physician, psychiatrist, or psychologist who is licensed to perform medical or psychological examinations.
- ~~(U) "Major corrective action" - any corrective action at the third level notice or above or in accordance with collective bargaining agreements.~~
- ~~(V)~~(T) "Medical center" - includes the James cancer hospital and Solove research institute, office of health sciences and college of medicine, OSU Harding hospital, OSU primary care network, OSU rehabilitation services at Dodd hall, Ross heart hospital, shared services, specialty care network, university hospital and university hospital east.
- ~~(W)~~(U) "Original appointment" - an individual's first classified civil service appointment with the university.
- ~~(X)~~(V) "Part-time employment" - employment ~~where~~ when the work schedule is normally less than forty hours per week.
- ~~(Y)~~(W) "Pay range" - a division of a pay plan to which classifications are assigned.
- ~~(Z)~~(X) "Position" - a specific job requiring the performance of certain duties and responsibilities by an employee.

- ~~(AA)~~(Y) "Pre-employment ~~Preemployment~~ screening" – process of collecting information about individuals to assess job qualifications or fitness for duty. Specific examples include background checks, drug tests, and declaration of material assistance, among others.
- ~~(BB)~~(Z) "Probationary period" - a period of time at the beginning of an original appointment, a promotion, or a lateral change from one classification to another that constitutes a trial or testing period for the employee, during which the employee may be terminated or returned to the former classification.
- ~~(CC)~~(AA) "Promotion" - placement of an employee in a vacant position in a classification that has a higher pay range than that previously held.
- ~~(DD)~~(BB) "Reassignment" - an involuntary temporary or permanent move of employment within the same ~~or similar~~ classification ~~and/or work location within the same jurisdiction of the university.~~
- ~~(EE)~~(CC) "Reclassification" - the act of changing the classification of an existing occupied position.
- ~~(FF)~~(DD) "Reduction in force" - a decrease in the number of positions at the university's initiative due to a lack of funds, lack of work, reasons of economy, or reorganization for efficiency.
- ~~(GG)~~(EE) "Regular employment" - employment which customarily requires the services of an employee on a regularly scheduled and continuing basis.
- ~~(HH)~~(FF) "Reinstatement" - the act of returning a former employee to the same or similar position within the university classified civil service, following a period of not more than one year of separation; or not more than two years in cases of disability separation.
- ~~(II)~~(GG) "Reorganization for efficiency" – current or projected decrease in workload that requires a reduction of current or projected staffing levels in an organizational structure; change in the nature of the work or direction or purpose of the unit; or elimination of a unit.
- ~~(JJ)~~(HH) "Seasonal employment" - regular employment ~~where~~ when the service reoccurs for a specified period of time during a particular time of the year.
- ~~(KK)~~(II) "Specification" - a composite of the duties and requirements of a classification.
- ~~(LL)~~(JJ) "Target hiring range" – is established prior to posting a position based upon budgeted funds for the position, identified skills and/or experience, salaries paid within the college or ~~vice president~~ unit for similar positions, organizational scope and an assessment of the relevant competitive market. The target hiring range should normally have a spread of \$3,000 to \$8,000; the range may vary based on the circumstances at the time of posting.
- ~~(MM)~~(KK) "Temporary employment" - an appointment that serves at the discretion of the appointing authority, is not eligible for certification, and:
- (1) Is for a limited duration;
  - (2) Is for a specific project;
  - (3) Augments regular staff due to increased work loads or staff shortages; or
  - (4) Replaces a regular employee during an absence due to illness, leave of absence or vacation.
- ~~(NN)~~(LL) "Termination" - the involuntary ending of an employee's employment with the university.
- ~~(OO)~~(MM) "Transfer" - a voluntary move of employment as a result of an application for a different position.

(NN) "Unpaid leave" – a temporary separation from active pay status with the employee generally retaining employment status and seniority.



# THE OHIO STATE UNIVERSITY CAMPAIGN STRATEGIC PLAN

The Ohio State University

Board of Trustees

April 7-8, 2011



# CAMPAIGN STRATEGIC PLAN

April 2011

## Executive Summary

Since January 1, 2009, Ohio State has been in the Planning Phase for a comprehensive fundraising campaign. The working goal for the campaign is \$2.5 billion, and the timeline is January 1, 2009, through June 30, 2016.

Ohio State has successfully executed the following key components of the Planning Phase:

- Initiated recruitment of volunteer leadership, including a Campaign Steering Committee (see Appendix A).
- Approved counting guidelines.
- Tested the preliminary university case statement.
- Completed a comprehensive stewardship project
- Started leadership gift conversations.
- Established key indicators for public launch.
- Conducted a feasibility study.

Additionally, all colleges and other fundraising units have developed campaign plans and working goals, and a campaign strategic plan has been developed, which includes identification of the key drivers of a successful campaign, as well as a campaign resourcing plan for consideration.

**With the recommendation of the Campaign Steering Committee on February 7, 2011, and the Foundation Board of Directors on March 4, 2011, Ohio State should now transition from the Planning Phase to the Quiet Phase.**

Key characteristics and elements of the campaign Quiet Phase:

- The overall working goal will remain \$2.5 billion.
- Colleges and units will finalize recruitment of membership for 30 campaign committees.
- All University colleges and departments shall be authorized to assess support for and finalize their fundraising goals by summer 2012.
- University-wide, trans-institutional objectives will be defined and corresponding fundraising plans will be developed and integrated into college/unit campaign plans.
- Ohio State will begin to talk more openly about the campaign and celebrate lead gifts publicly
- Leadership gift solicitations will be a primary focus.
- The overall goal and all college/unit goals will be finalized prior to kickoff of the Public Phase which is projected for fall 2012.

The launch of the Public Phase of the campaign would occur once 40-50% of the working goal has been raised.

## Introduction

University Development worked with the Campaign Steering Committee and the University Board of Trustees in 2010 to establish a set of Advancement Financial Goals. The two financial goals are:

1. To become America's #1 public university in Total Private Support by 2020.
2. To raise \$2.5 billion from a comprehensive fundraising campaign concluding in 2016.

To be successful with both the campaign and the 2020 goal to be the top public university in total private support, Ohio State must improve in securing 7-, 8-, and 9-figure leadership gifts. Compared with other top public universities, Ohio State receives about \$50 million less each year on the top 12 gifts that other universities report annually. This gap in top gifts is the biggest difference between Ohio State and the top 10 public universities in terms of fundraising.

Ohio State's private research grants component of its annual total private support trails that of other top public universities, and Ohio State also lags in total giving from foundations. Ohio State should challenge its traditional thinking to strengthen partnerships with the Offices of Sponsored Programs and Research in supporting our faculty and driving greater success with gifts and grants from corporations and foundations.

In addition to improving its top/principal gifts effort and developing new strategies and partnerships to leverage more and larger corporate and foundation gifts and grants, Ohio State must focus on expanding its major gifts capacity in the designated key unit drivers, building a pipeline of planned gifts, and cultivating a strong annual giving culture.

To be successful with both the 2020 and 2016 fundraising objectives, Ohio State should strategically focus on increasing value share from its donors at all levels. Later, more time, effort, and resources can be attributed to acquiring additional volume share.

While Ohio State should not stop trying to innovate its fundraising program, fundraising is at its core based on relationships and is best conducted 1:1 with current and prospective donors. Ohio State must optimize the productivity of its existing principal and major gifts staff, but it also must add additional capacity by assigning more staff to the frontlines to make contact with, engage, and personally solicit alumni and friends.

By optimizing performance of existing staff, adding additional major gifts capacity, and growing the pipeline of support through planned giving and annual giving, Ohio State can successfully complete a \$2.5 billion fundraising campaign in 2016 while also ascending from #11 to #1 among the top public universities in annual total private support by 2020.



## Current Environment

From FY2007-2009, Ohio State averaged \$233 million in annual total private support, ranking 11<sup>th</sup> among the top public fundraising universities.

A very small percentage of the annual donors contribute the bulk of the money each year. On average, less than 2% of annual donors at Ohio State give \$10,000 or more annually, but that accounts for about 80% of all giving. Conversely, nearly 90% of the donors give less than \$1,000 annually, but that sums up to just 6% of the funds received.

Prior to the recent \$100 million commitment from Les Wexner and the Limited Brands Foundation, Ohio State's largest historical gift commitments were \$30 million from an individual, \$10 million from a corporation, and \$12.5 million from a foundation. While Ohio State has not benefited regularly from the high-8- and 9-figure "mega gifts" announced at many peer universities, it did invest in a Principal Gifts program in recent years to better focus the attention of University leadership on the best prospects. In FY2010, Ohio State had its most successful year in 7-figure commitments (pledges or planned gifts), with 33 new commitments of \$1 million or more, including nine commitments of \$5 million or greater.

A team of 107 frontline fundraisers conduct about 12,000 personal visits each year. With an alumni population of 450,000, more than 140,000 annual donors in FY2010, and a database containing more than 1 million records, it is imperative that Ohio State identify and focus its resources on those alumni and friends with the greatest ability to provide philanthropic support.

Recent database analysis suggests that Ohio State has greater capacity in its alumni and non-alumni populations. In addition to traditional audiences of alumni, corporations, and foundations, we also have greater potential in new, or just recently tapped, markets like parents and friends, including grateful patients and clients.

Currently, Ohio State has 2,900 volunteers serving on 200 boards and committees across all campuses, and efforts are currently underway to on-board 30 new volunteer campaign committees. Each year, about 54% of University volunteers make annual gifts. The Foundation Board of Directors, University Board of Trustees, and all the campaign committees have adopted philanthropic guidelines for members, and now all 200 volunteer groups at Ohio State are being encouraged to consider the subject of philanthropic guidelines. This is a critical step strengthening the philanthropic culture at the University.

In February 2010, Ohio State and its hither to independent Alumni Association formalized and strengthened their relationship through an alignment agreement. Over the last year, a solid foundation has been established upon which a new University Advancement model and approach is being implemented. This new Advancement model and approach will ensure greater efficiency and effectiveness in alumni relations, communications and marketing, and development.



## Key Drivers

In fall 2010, the Campaign Steering Committee reviewed and agreed upon the key drivers required to deliver the campaign goal.

### Key Unit Drivers

Includes all gifts from alumni, non-alumni, corporations and foundations to the following six units:

1. Arts and Sciences
2. Athletics
3. Business (Fisher College)
4. Engineering
5. Food, Agricultural, and Environmental Sciences
6. Medical Center

### Key Donor Types

Includes gifts to all units on campus from the following three sources:

1. Corporations
2. Foundations
3. Alumni

### Other Key Drivers

Includes gifts from alumni, non-alumni, corporations, and foundations to all units on campus:

1. Planned Giving
2. Top Gifts

Additionally, the Campaign Steering Committee assessed the sufficiency of these key drivers to realize both the \$2.5 billion campaign goal and the longer-term 2020 objective of becoming the #1 public university in total private support. Assuming annual growth of 9% in the key drivers, Ohio State would:

- Deliver a projected campaign total of about \$2.78 billion by June 30, 2016
- Deliver a projected \$602 million in annual total private support by 2020

Ohio State will annually review its relative position among top public universities in annual total private support in order to understand and monitor progress. Every three years, Ohio State will review progress more closely to evaluate the effectiveness of current strategies and to make appropriate adjustments as necessary.

## Campaign Strategies

### STRATEGY 1 – Increase Value Share with Leadership Gifts

#### Campaign Strategy:

Secure the necessary 7-, 8-, and 9-figure leadership gifts to achieve campaign goals while growing the prospect pool at these levels to provide a solid foundation for continued growth in the post-campaign period.

#### Metrics:

- Secure 48 commitments ranging from \$5-\$100 million for a campaign gift total of \$650 million (26% of the \$2.5 billion goal); and 193 gift commitments of \$1-\$5 million for a campaign gift total of \$355 million (17% of the \$2.5 billion goal).
- Increase the number of \$5 million+ prospects from 107 to 200, and the number of \$1-\$5 million prospects from 299 to 600, providing a solid foundation for positive growth in the post-campaign period.

### STRATEGY 2 – Expand Major Gifts Capacity

#### Campaign Strategy:

Secure the necessary 6-figure major gifts to achieve campaign goals while elevating the focus of major gift officers across campus and growing the major gifts pipeline by expanding the number of major gift prospects under management.

#### Metrics

- Secure 1,281 commitments ranging from \$100k-\$999k for a campaign gift total of \$351 million.
- Increase the number of prospects rated \$100k-\$999k from 2,002 to 5,123.
- Expand the number of major gift prospects under management in the key unit drivers from 3,421 to 7,100.

### STRATEGY 3 – Integrate Corporate, Foundation, and Research Relations

#### Campaign Strategy:

Work with University partners (Office of Research, Office of Sponsored Programs, Business and Finance) to challenge traditional approaches to and models for corporate and foundation relations, engaging faculty more fully in the fundraising process to better capitalize on foundation and research-related opportunities, as well as optimizing the value of all affinity and business relationships.

#### Metrics:

- Secure total campaign commitments of \$5 million or greater from 10 corporate/foundation funders.
- Secure 43 private research grants of \$1-\$5 million for a campaign total of \$70 million.

## **STRATEGY 4: Build a Pipeline of Planned Gifts**

### **Campaign Strategy:**

Refocus the Planned Giving team to be more proactive with donors and prospects by implementing a “new legacy gifts” initiative, hosting small group educational events, strategically engaging financial planners and legal advisors, and conducting in-house training for all development professionals.

### **Metrics:**

- Secure TBD number of new legacy commitments during the Campaign. (While not all of these will qualify to be “counted” toward the \$2.5 billion goal, the “new legacy gifts” initiative will serve as a complementary strategy to help identify new prospects.)
- Host 42 educational events by the end of the campaign.
- Conduct 12 training sessions annually for internal staff.

## **STRATEGY 5 – Cultivate a Strong Annual Giving Culture**

### **Campaign Strategy:**

Build a strong annual giving culture and brand that cultivates donor loyalty and leadership annual giving.

### **Metrics:**

- Deliver annual increases in the number of donor households giving at all leadership annual giving levels after they are re-calibrated.
- Establish baseline and multi-year targets for Ohio State Fund giving.

**NOTE:** Beyond the Advancement Financial Goals, one corresponding Engagement Goal is to increase the number of annual donors to 240,000 by the end of the campaign. A corresponding strategy and resourcing plan for that is being developed as part of the integrated strategic plan for University Advancement. Hence, the annual giving strategy here is focused on leadership annual giving.

## Campaign Resourcing Plan

One of the key elements of the Planning Phase, and a key indicator identified for transition into the Quiet Phase, was for the University to approve a campaign budget.

A draft campaign budget has been developed for consideration by University leadership that seeks:

- \$7.81 million in continuing funds which includes personnel and operating expenses for 91 FTE
- \$1.46 million in one-time funds for campaign kickoff and celebration events and donor recognition

However, there are two major uncertainties in the current environment that preclude the University from approving a campaign budget at this time:

1. A projected shortfall of \$8 billion in the State of Ohio budget for the next biennium that may very likely require some reductions in funding for higher education.
2. As the University continues to transition into the University Advancement model, it is still unknown exactly what type of efficiencies can be gained. It is possible that some of the required investments for the campaign can be accommodated through a reallocation of staff both within University Development, and across the entire Advancement platform.

Even though the full campaign budget has not been approved, there is enough momentum and progress for the University to proceed into the campaign Quiet Phase.

## Conclusion

In a very challenging economic environment, Ohio State has completed all key elements of the campaign Planning Phase work, and has already started to make progress on many components of the Quiet Phase activities.

With the recommendation of the Campaign Steering Committee and the Foundation Board of Directors, Ohio State should now proceed in moving into the Campaign Quiet Phase.

## APPENDIX A: CAMPAIGN STEERING COMMITTEE ROSTER

### **G. Gilbert Cloyd, Chair**

*Austin, Texas*

#### **Peter A. Cohen**

*New York, New York*

#### **Corbett Price**

*New York, New York*

#### **Robert C. Hummel**

*Fort Collins, Colorado*

#### **Patricia A. Robinson**

*Troy, Ohio*

#### **Linda Kass**

*Columbus, Ohio*

#### **Robert Schottenstein**

*Columbus, Ohio*

#### **Jack Kessler**

*New Albany, Ohio*

#### **Abigail K. Wexner**

*New Albany, Ohio*

#### **James D. Klingbeil**

*San Francisco, California*

#### **Leslie H. Wexner**

*New Albany, Ohio*

#### **William G. Lowrie**

*Sheldon, South Carolina*

#### **Robert L. Wright**

*Columbus, Georgia*

#### **John E. Lucks Jr.**

*Columbus, Ohio*

#### **Joseph A. Alutto**

Executive Vice President and Provost

#### **E. Gordon Gee**

President

#### **John B. Gerlach Jr.**

Chair, The Ohio State University Foundation Board

#### **Steven G. Gabbe, M.D.**

Senior Vice President for Health Sciences

Chief Executive Officer

The Ohio State University Medical Center

#### **Andrew A. Sorensen**

Senior Vice President, University Development and

Special Assistant to the President for Advancement

President, The Ohio State University Foundation





The Ohio State University Foundation  
FY 2011 Fundraising Activity Report

## New Fundraising Activity Progress - University Development as of February 28, 2011

	Fundraising Activity	Goal	Achieved %	7/1/2009 - 2/28/2010	% Change
<b>Outright Gifts and Pledges</b>					
Cash and Securities	\$62,178,838			\$51,052,350	21.79%
Real Estate	\$297,000			\$382,051	-22.26%
Gifts-in-Kind	\$3,385,741			\$3,897,192	-13.12%
Pledges	\$133,760,190			\$25,676,338	420.95%
<b>Total Outright Gifts and Pledges</b>	<b>\$199,621,768</b>	<b>\$168,519,531</b>	<b>118.46%</b>	<b>\$81,007,930</b>	<b>146.42%</b>
<b>Planned Gifts</b>					
Revocable Planned Gifts	\$28,749,440			\$35,029,664	-17.93%
Irrevocable Planned Gifts	\$3,867,948			\$188,479	1952.19%
<b>Total Planned Gifts</b>	<b>\$32,617,388</b>	<b>\$81,376,333</b>	<b>40.08%</b>	<b>\$35,218,143</b>	<b>-7.38%</b>
<b>Private Grants (OSP)</b>	<b>\$63,990,072</b>	<b>\$75,104,136</b>	<b>85.20%</b>	<b>\$52,209,285</b>	<b>22.56%</b>
<b>Total Fundraising Activity</b>	<b>\$296,229,228</b>	<b>\$325,000,000</b>	<b>91.15%</b>	<b>\$168,435,358</b>	<b>75.87%</b>
		<b>Time Elapsed</b>	<b>66.67%</b>		





The Ohio State University Foundation  
FY 2011 Fundraising Activity Report  
**New Fundraising Activity Progress - Unit**  
as of February 28, 2011

Unit	Outright Gifts and Pledges	Planned Gifts	OSU Foundation Activity	Private Grants (OSP)	Total Fundraising Activity	Goal	% Achieved
Arts and Sciences (Colleges of the)	\$5,912,474	\$1,035,944	\$6,948,418	\$7,834,464	\$14,782,882	\$31,521,000	46.90%
Athletics	\$20,012,043	\$1,646,486	\$21,658,529	\$0	\$21,658,529	\$33,009,677	65.61%
Business (Fisher College of)	\$2,822,705	\$7,243,905	\$10,066,610	\$24,200	\$10,090,810	\$10,021,032	100.70%
Cancer	\$18,801,914	\$3,848,472	\$22,650,386	\$6,083,039	\$28,733,425	\$34,748,000	82.69%
Dentistry (College of)	\$1,660,080	\$3,332,842	\$4,992,922	\$242,971	\$5,235,893	\$8,000,000	65.45%
Education and Human Ecology (College of)	\$9,624,337	\$251,651	\$9,875,988	\$856,225	\$10,732,213	\$6,000,000	178.87%
Engineering (College of)	\$10,267,672	\$733,318	\$11,000,990	\$17,530,717	\$28,531,707	\$43,691,425	65.30%
Food, Agriculture and Enviro Sciences (College of)	\$4,028,532	\$724,667	\$4,753,198	\$5,339,371	\$10,092,569	\$13,122,827	76.91%
Heart	\$1,360,127	\$0	\$1,360,127	\$1,988,125	\$3,348,252	\$6,338,000	52.83%
John Glenn School of Public Affairs, The	\$176,211	\$30,000	\$206,211	\$90,016	\$296,227	\$739,486	40.06%
Kirwan Institute for the Study of Race & Ethnicity	\$1,111,370	\$0	\$1,111,370	\$0	\$1,111,370	\$1,337,700	83.08%
Law (Michael E. Moritz College of)	\$1,875,572	\$800,000	\$2,675,572	\$0	\$2,675,572	\$5,039,882	53.09%
Medical Center	\$3,937,703	\$368,798	\$4,306,501	\$8,687,041	\$12,993,542	\$14,549,000	89.31%
Medicine (College of)	\$1,295,820	\$363,608	\$1,659,429	\$6,175,918	\$7,835,347	\$15,037,000	52.11%
Neurosciences	\$1,096,833	\$59,588	\$1,156,421	\$4,233,315	\$5,389,736	\$10,643,000	50.64%
Nursing (College of)	\$349,029	\$30,000	\$379,029	\$165,076	\$544,105	\$808,077	67.33%
Office of Academic Affairs	\$3,441,072	\$5,342,486	\$8,783,558	\$212,359	\$8,995,917	\$9,678,644	92.95%
Office of Student Life	\$541,454	\$1,000,000	\$1,541,454	\$0	\$1,541,454	\$2,329,899	66.16%
Ohio State University Alumni Association	\$777,480	\$0	\$777,480	\$0	\$777,480	\$851,002	91.36%
Optometry (College of)	\$186,598	\$0	\$186,598	\$629,333	\$815,931	\$1,279,432	63.77%
OSU Lima	\$295,497	\$960,649	\$1,256,146	\$0	\$1,256,146	\$1,230,437	102.09%
OSU Mansfield	\$274,843	\$0	\$274,843	\$115,625	\$390,468	\$606,640	64.37%
OSU Marion	\$537,407	\$116,000	\$653,407	\$10,500	\$663,907	\$1,085,360	61.17%
OSU Newark	\$508,427	\$1,000,000	\$1,508,427	\$2,000	\$1,510,427	\$3,515,652	42.96%
Pharmacy (College of)	\$378,595	\$202,041	\$580,636	\$292,762	\$873,398	\$2,213,553	39.46%
Public Health (College of)	\$320,856	\$0	\$320,856	\$610,405	\$931,261	\$1,584,947	58.76%
Social Work (College of)	\$98,629	\$78,690	\$177,318	\$40,000	\$217,318	\$502,894	43.21%
University Libraries	\$650,885	\$5,000	\$655,885	\$0	\$655,885	\$1,700,000	38.58%
University-wide Fundraising	\$99,199,832	\$2,123,324	\$101,323,156	\$1,974,912	\$103,298,068	\$41,309,617	250.06%
Veterinary Medicine (College of)	\$1,678,328	\$1,195,001	\$2,873,329	\$711,698	\$3,585,027	\$11,000,000	32.59%
Wexner Center for the Arts	\$3,455,369	\$0	\$3,455,369	\$140,000	\$3,595,369	\$3,725,127	96.52%
WOSU Public Stations	\$2,944,075	\$124,917	\$3,068,992	\$0	\$3,068,992	\$7,780,690	39.44%
<b>Total</b>	<b>\$199,621,768</b>	<b>\$32,617,388</b>	<b>\$232,239,156</b>	<b>\$63,990,072</b>	<b>\$296,229,228</b>	<b>\$325,000,000</b>	<b>91.15%</b>

Time Elapsed 66.67%

Notes

OSU Newark fundraising activity does not include funds raised to support COTC.





The Ohio State University Foundation  
 FY 2011 Cash Flow Report  
**Philanthropic Receipts - University Development**  
 as of February 28, 2011

	7/1/2010 - 2/28/2011	7/1/2009 - 2/28/2010	% Change
<b>Outright Gift Receipts</b>			
Cash and Securities	\$62,181,086	\$51,052,271	21.80%
Real Estate	\$297,000	\$382,051	-22.26%
Gifts-in-Kind	\$3,385,741	\$3,897,192	-13.12%
<b>Total Outright Gift Receipts</b>	<b>\$65,863,826</b>	<b>\$55,331,514</b>	<b>19.03%</b>
<b>Pledge Receipts</b>			
Payments on Current Year Pledges	\$15,494,590	\$7,694,290	101.38%
Payments on Prior Year Pledges	\$14,910,457	\$14,667,512	1.66%
<b>Total Pledge Receipts</b>	<b>\$30,405,048</b>	<b>\$22,361,802</b>	<b>35.97%</b>
<b>Planned Gift Receipts</b>			
Payments on Current Year Revocable Gifts	\$4,345,258	\$2,120,803	104.89%
Payments on Prior Year Revocable Gifts	\$4,756,028	\$10,581,575	-55.05%
Irrevocable Gift Receipts	\$2,666,232	\$188,479	1314.60%
<b>Total Planned Gift Receipts</b>	<b>\$12,969,234</b>	<b>\$12,890,858</b>	<b>0.61%</b>
<b>Private Grants (OSP)</b>	<b>\$63,990,072</b>	<b>\$52,209,285</b>	<b>22.56%</b>
<b>Total Fundraising Receipts</b>	<b>\$173,228,180</b>	<b>\$142,793,458</b>	<b>21.31%</b>



The Ohio State University Foundation  
Medical Center Expansion Report  
**Medical Center Expansion Progress**  
July 1, 2001 through February 28, 2011

	Medical Center Expansion Activity	Goal	% Achieved	Last Month (7/1/2001 - 1/31/2011)
<b>Outright Gifts and Pledges</b>				
Cash and Securities	\$2,223,732			\$2,029,418
Real Estate	\$0			\$0
Gifts-in-Kind	\$0			\$0
Pledges	\$14,749,617			\$14,499,617
Event and Annual Fund Activity	\$5,579,007			\$5,562,902
<b>Total Outright Gifts and Pledges</b>	<b>\$22,552,355</b>			<b>\$22,091,936</b>
<b>Event and Annual Fund Projections (by June 30, 2015)</b>				
Herbert J. Block Memorial Tournament	\$1,000,000			\$1,000,000
Celebration for Life / The James Fund for Life	\$4,750,000			\$4,750,000
Pelotonia Fund for Cancer Research	\$5,000,000			\$5,000,000
Up on the Roof	\$2,000,000			\$2,000,000
<b>Total Event and Annual Fund Projections</b>	<b>\$12,750,000</b>			<b>\$12,750,000</b>
<b>Planned Gifts</b>	<b>Not Applicable</b>			Not Applicable
<b>Private Grants (OSP)</b>	<b>Not Applicable</b>			Not Applicable
<b>Total Medical Center Expansion Activity</b>	<b>\$35,302,355</b>	<b>\$75,000,000</b>	<b>47.07%</b>	<b>\$34,841,936</b>

Notes



The Ohio State University Foundation  
Students First, Students Now Report  
**Campaign Progress**  
January 1, 2009 through February 28, 2011

	Campaign Activity	Working Goal	% Achieved	vs. Time Elapsed
<b>Outright Gifts and Pledges</b>				
Cash and Securities	\$66,862,265			
Real Estate	\$92,051			
Gifts-in-Kind	\$133,998			
Pledges	\$22,724,249			
<b>Total Outright Gifts and Pledges</b>	<b>\$89,812,562</b>			
<b>Planned Gifts</b>				
Revocable Planned Gifts	\$14,854,550			
Irrevocable Planned Gifts	\$2,223,679			
<b>Total Planned Gifts</b>	<b>\$17,078,229</b>			
<b>Private Grants (OSP)</b>	<b>\$0</b>			
<b>Total Campaign Activity</b>	<b>\$106,890,792</b>	<b>\$100,000,000</b>	<b>106.89%</b>	<b>20.22%</b>
		<b>Time Elapsed</b>	<b>86.67%</b>	

Notes

Counting is done consistent with the Campaign Counting Guidelines  
Totals include \$2.04 million in commitments made prior to January 1, 2009  
Objectives remain undefined; best approximation using Project Fund Purpose has been used



## Project Data Sheet for Board of Trustees Approval

### Sullivant Hall and Billy Ireland Cartoon Library & Museum

OSU-091418

Project Location: Sullivant Hall

74,000ASF / 150,000 GSF

- **approval requested and amount**  
construction (swing space) \$0.3M
- **project budget**  
construction w/ contingency \$19.2M  
other costs (fees, moving) \$5.2M  

---

total project budget \$24.4M
- **funding sources**  
state appropriations (\$5.8M); development funds (\$13.5M); Arts & Sci general funds (\$4.8M); Libraries general funds (\$0.3M)
- **project schedule**  
design/bidding 01/10 – 02/12  
swing space construction 06/11 – 08/11  
construction 02/12 – 08/13



- **Framework context**
  - planning for this project began before the Framework was conceived; during the Framework planning, Sullivant Hall was identified as a key building within the Arts District
  - project is consistent with general Framework principles of ensuring the academic mission drives the physical environment, matching building use to building typology, requiring projects to meet multiple goals, and improving wayfinding
  - project is also consistent with the vision for the Arts District, particularly in helping to make the district accessible to both campus and community
- **project scope**
  - renovate Sullivant Hall to create a new home for the Billy Ireland Cartoon Library & Museum, currently located in the Wexner Center; renovate space for the Department of Dance, Department of Art Education and the Music/Dance Library; upgrade for a 300 seat theater/lecture hall
  - improvements for the Department of Dance spaces will include dance studios, flexible teaching and office space; Department of Dance space in Pomerene will be relocated to the renovated Sullivant Hall
  - renovation work includes improving ADA access to the building; addressing building deferred maintenance; improvements to windows; roof replacement; tuck pointing of existing building exterior stone; upgrading lobby entries; mechanical and electrical upgrades; and a new building fire suppression system
  - this project will pursue LEED silver standards per the Green Build and Energy Policy
- **project update**
  - approval is requested to enter into construction contracts in order to begin the swing space work for the Department of Dance and the relocation of the Music and Dance Library to the Science and Engineering Library

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- **project team**  
University project manager: Nikolina Sevis  
A/E: Acock Associates Architects  
major contractors: tbd

## Core Campus Projects

- Sullivant Hall and Billy Ireland Cartoon Library & Museum



**THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES  
FINANCE COMMITTEE**

April 7, 2011

**TOPIC:**

Amendments to the University Purchasing and Competitive Bidding Policy

**CONTEXT:**

As part of the continued commitment to identify streamlining and cost savings opportunities, a review was completed of the University's Purchasing and Competitive Bidding policy. Based on that review, the University is recommending changes to the current policy. These changes will improve the University's ability to ensure operational and financial soundness, allow for simplicity and transparency in process, and provide the appropriate oversight.

**SUMMARY:**

Summary of proposed changes:

1. Title and wording changes/clarifications (items #1, #17).
2. Authorization for the President and/or Senior Vice President for Business and Finance, or his or her designee, to approve a waiver from competitive bidding, when appropriate, for technical and specialized consulting services that are temporary in nature and when there is sufficient economic reasons to support such a request (item #4).
3. Authority extended to Senior Vice President of Business and Finance's designee (items #23, #24).
4. Authorization for the President and/or Senior Vice President for Business and Finance on behalf of the University to negotiate and enter into agreements with various financial institutions and advisors relating to financial consulting services, banking, brokerage, leasing, asset financing and related financial services without competitive bidding, upon such terms and conditions in the best interest of the University (item #24).
5. Additional language added clarifying that policy applies to the purchases of all products and services that are not conditions of existing contracts that have been previously negotiated and competitively bid and to purchases of products and services acquired from outside of The Ohio State University and its affiliates (item #26).

**REQUESTED OF FINANCE COMMITTEE:**

Recommend acceptance of amendments to the policy as detailed in the attached.





**THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES  
FINANCE COMMITTEE**

April 7, 2011

**TOPIC:** Golf Course Membership and Daily Green Fees

**CONTEXT:**

The Ohio State University's Department of Athletics is fully self-supporting and does not receive state or University funding, student tuition, or student activity fees. An increase in golf course membership dues is necessary to meet increased costs and remain financially stable for FY2012. These proposed rates have been reviewed and approved by the Athletic Council.

**RECOMMENDATION:**

- For 2011 Golf Course Membership Dues and Daily Green Fees (FY2012) – a 4.0% increase is proposed for faculty/staff membership dues and membership dues for alumni/affiliates. Members' children, 13 and over, will also increase 2.6%. OSU student memberships and dues for children of members under 13 will increase by 2.6%. Daily green fees for all groups remain unchanged. The food and beverage minimum is unchanged at \$20 per month for six months of the year. An annual tournament fee of \$40 per member is proposed to fund membership tournament events during the year. (See Attachment 1).

**CONSIDERATIONS:**

Golf Course Fees:

- Alumni/affiliate and faculty/staff membership fees would increase 4.0% for 2011, but the new dues would continue to be less than 50% of the average 2010 membership for similar public courses in this area. Daily green fees would be unchanged for the fifth consecutive year.

**REQUESTED OF FINANCE COMMITTEE:**

Recommend approval by the Board of Trustees

# The Ohio State University Golf Club

## Proposed Golf Course Dues Fees for FY 2012

**APPROVED BY ATHLETIC COUNCIL**

**ATTACHMENT 1**

### Annual Membership Dues

(Calendar Golf Season)

	<b>FY '08 Previous 2007</b>	<b>FY '09 Previous 2008</b>	Increase from Prior Yr.	<b>FY '10 Previous 2009</b>	Increase from Prior Yr.	<b>FY '11 Previous 2010</b>	Increase from Prior Yr.	<b>FY '12 Proposed 2011</b>	Increase from Prior Yr.
Students	\$550	\$550	0.0%	\$560	1.8%	\$575	2.7%	\$590	2.6%
Faculty/Staff	\$1,640	\$1,760	7.3%	\$1,860	5.7%	\$1,916	3.0%	\$1,993	4.0%
Initiation Fee-New Members Only	\$800	\$800		\$800		\$800		\$800	
Alumni/Affiliates	\$2,065	\$2,200	6.5%	\$2,325	5.7%	\$2,395	3.0%	\$2,491	4.0%
Initiation Fee-New Members Only	\$1,000	\$1,000		\$1,000		\$1,000		\$1,000	
Children under 13 of Member	\$800	\$275	-65.6%	\$280	1.8%	\$288	2.7%	\$295	2.6%
Children 13 and older of Member	\$800	\$800	0.0%	\$800	0.0%	\$824	3.0%	\$846	2.6%

### Daily Fees

	<b>FY '08 Previous</b>	<b>FY '09 Current</b>		<b>FY '10 Proposed</b>		<b>FY '11 Proposed</b>		<b>FY '12 Proposed</b>	
Students - Gray	\$18	\$18	0.0%	\$18	0.0%	\$18	0.0%	\$18	0.0%
Students - Scarlet	\$30	\$30	0.0%	\$30	0.0%	\$30	0.0%	\$30	0.0%
Faculty/Staff - Gray	\$32	\$32	0.0%	\$32	0.0%	\$32	0.0%	\$32	0.0%
Faculty/Staff - Scarlet	\$56	\$56	0.0%	\$56	0.0%	\$56	0.0%	\$56	0.0%
Alumni/Affiliates/Guests - Gray	\$40	\$40	0.0%	\$40	0.0%	\$40	0.0%	\$40	0.0%
Alumni/Affiliates/Guests - Scarlet	\$70	\$70	0.0%	\$70	0.0%	\$70	0.0%	\$70	0.0%

### **Others**

**Food & Beverage Minimum\***

**Tournaments Fees**

\$60

\$0

\$120

\$30

\$120

\$40

\$120

\$40

\*Proposed \$20 per month April-September

# Newark Campus - Country Club Dr. Right of Way

